

application for membership				
	I want to become a member of Bosch BKK			date
personal details	name	first name		gender
	street, number		postal code	town
	social insurance number (if possible)	date of birth		place of birth
	nationality	marital status		name of birth
	Do youhave children?  ☐ yes ☐ no			
	phone number (private)	phone number at Robert Bosch GmbH		e-mail
	bank		account number	
job details	employed as	begins at		employed since
	training as	duration		employer
	adress	phone number		
other information	This is my first job in Germany  yes no			
	During the past 12 months I was insured with the following health insurance company:  compulsory insurance voluntary insurance family insurance private insurance name of insurance company			
	I have relatives (wife/husband, children) who are to be included in my insurance (at no extra charge!)  yes no  The membership begins as compulsory insurance voluntary insurance  My monthly gross income does not exceed 538,00 euro exceeds 5.775,00 euro			
signature	Confirmation of termination from my previous health insurance company will be submitted subsequently.			
	place and date		signature	

Data protection notice: In order to be able to fulfill our tasks legally, your cooperation in accordance with Sec. 289 of the fifth book of the German Social Welfare Code (SGB V) is necessary. The data given is used for identifying your insurance status (Secs. 10, 284 SGB V, §\$50, 94 SGB XI). Information regarding your contact details (e-mail and telephone number) are optional and are only used for further enquiry regarding your insurance status. Additional information about the processing of your data by us and your rights under the European General Data Protection Regulation is available on our website www.bosch-bkk.de/datenschutz