Student membership applicat	ion form
I would like to become a member of TK as of Day Month Year	Die Techniker
Personal information	
Ms Mr	
Surname	I draw or have applied for benefits from the Federal Employment Agency [Agentur für Arbeit].
First name	I have employed at least one person for more than three months and in more than marginal employment.
Street, Street no.	I simultaneously employ several people in marginal employment whose gross pay together exceeds the minor employment threshold (currently 450 EUR)
Address line 2	Details on your studies
Post code, city	Important: Please send us your current registration letter.
	I have studied from/since
Date of birth: DDMMYYYY	University / Fachhochschule
Insurance no.	Details on pension payments
	I draw a pension or have applied for a pension.
German pension insurance number	I receive pension payments e.g. company pension, lump-sum payments/instalments.
If no insurance number or German pension insurance number has been assigned, we will require the following information:	Details on dependants
Surname at birth	I would like to insure my dependants exempted from contributions. Please send me an application for non-contributory dependants' insurance.
Place of birth	I am married or live in a civil partnership and my married partner/civil partner¹ is not insured with a statutory health insurance fund.
Nationality	Details on long-term care insurance
Your health insurance cover details	I am mother/father to at least one child.
I was last insured or lived abroad.	Important: Please send us proof (e.g. copy of the birth certificate).
Name of south	For queries
Name of country I was last	
compulsorily insured voluntarily insured	Telephone, optional information
privately insured insured as dependant	E-Mail, optional information



from

Name of health insurance, town/city

**Details on income** 

Weekly study time

Weekly working hours

Monthly gross pay (employment)

Monthly profit (self-employment)

recently had voluntary or compulsory insurance cover.

I am employed or self-employed during my studies.

to

hours

Important: Please send us a confirmation of cancellation in case you most

I have been exempted from compulsory insurance cover. **Important:** Please send us a copy of your exemption letter.

I am entitled to benefits in accordance with foreign law.

PLZ, Standort

Telefon

TK-Partnernummer

We require personal data (social data) in order to carry out our tasks correctly. The legal basis for this is Section 284 German Social Security Code, Book V [SGB V] and Section 94 German Social Security Code, Book XI [SGB XI]. The information about TK's data processing pursuant to Article 13 DSGVO [EU General Data Protection Regulation] is available on

Hereby I am informed that TK informs the sales partner for billing purposes

Date, signature (legal representative, if applicable)

about a membership that has come about.

tk.de/dataprotection.

**Daten des Beraters** 

Gesellschaft, Name

**EUR** 

EUR

1 civil partner pursuant to the German Civil Partnership Act [Lebenspartnerschaftsgesetz]