

Review of family insurance:

During the day, I am available by phone at: _____, e-mail: _____

1. Family status (information is always required)

single married separated divorced since _____ widowed civil partner according to German Civil Partnership Act (Lebenspartnergesetz: LPartG)

2. Information about the spouse – information is always required, unless the partner is not listed under point 3

name, first name of spouse	date of birth	name of the current health insurance / private insurance	insured there since	monthly gross income 1,2,3)	type of income 1,2,3)

3. Information about family members to be co-insured

name, first name	date of birth	school or studies 5)	military or civilian service	unemployment benefits	self-employed 2)	marginal employment	employment more than marginal	pensions and remuneration supply 3)	other income 4)	only to be filled in if the respective family member has or has had another health insurance 6)
										status: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
										name of health insurance:
										status: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
										name of health insurance:
										status: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
										name of health insurance:
										status: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
										name of health insurance:

1) Income disclosure is only required if the spouse is privately insured. Please indicate all income (for example: investment income, income from rental and leasing, etc.) and provide appropriate evidence.
 2) Income tax assessment is required if there is a self-employment income. Only in case there is no income tax assessment yet, it is sufficient to send us a current profit and loss account.
 3) If available, please state the respective gross payment amounts of domestic and foreign public pensions, pensions or other income from pension benefits.
 4) According to income tax law, all other regular income has to be stated (for example: investment income, income from rental and leasing, etc.).
 5) Please enclose a certificate of school or student status for children over 23 years.
 6) If applicable, please tick the status (A=membership, B=family insurance, C=private insurance) with the other insurance company. A simultaneous family insurance at different health insurance companies is legally not permitted.

I hereby confirm the correctness of the information given. I will inform you of any changes immediately. This applies in particular if the gross income of the family members changes, or if one of the family members starts to have his or her own health insurance plan.

date / place

member's signature

signature of family member if applicable

I hereby declare that my family members have agreed to provide the necessary data.