

Application for student membership

Fax: 0800 - 285 85 89-692 37 or Email: info@relocation.de
(toll-free within Germany)



I would like to become a member of TK as of _____

Personal information Mr Ms

Last name _____

First name _____

Date of birth _____

Street, No. _____

Postcode and town/city _____

Health Insurance Number _____
You will find this on your health insurance card.

German Pension Insurance No. _____
Please give the following details if you do not have a Pension Insurance Number yet:

Last name at birth _____

Place and country of birth _____

Nationality _____

Details of previous insurance

I was last insured with health insurance fund _____

Location _____

from _____ to _____

- compulsory insurance voluntary insurance
 private insurance dependants' insurance

The cancellation confirmation*

- is enclosed will be handed in later

Details for insurance cover with TK

University/college _____

Speciality _____

Current academic semester _____

as of _____ expected graduation date _____

Please enclose your current certificate of enrolment.

- I have been granted exemption from compulsory health insurance.
Please send us a copy of your confirmation of exemption.
 I have already studied _____ semesters/terms in another country.

A copy of my academic record

- is enclosed will be handed in later

Income details

- I am receiving or have applied for benefits from the Agentur für Arbeit [Federal Employment Agency].

I am employed or self-employed during my studies.

Working hours per week _____

Study hours per week _____

Gross monthly income from employment EUR _____

Monthly profit from self-employment EUR _____

- I employ at least one employee for a period of more than three months paying him/her/them remuneration above the applicable marginal employment remuneration threshold (no "mini-job").

- I employ several employees on a marginal employment basis at the same time whose aggregate remuneration exceeds the applicable marginal employment remuneration threshold (currently EUR 450 per month).

Retirement benefits

- I currently receive or have applied for a state pension.
 I currently get a pension and related benefits (e.g. company pension, pension).

Benefits in kind from abroad

- I am entitled to benefits in kind pursuant to foreign law.

Family details

- I would like to have my dependants (spouse/life partner pursuant to the Lebenspartnerschaftsgesetz [German Civil Partnership Act], children) covered by non-contributory dependants' insurance.

The application for non-contributory dependants' insurance

- is enclosed will be handed in later
 Please send me an application form.
 I am married and my spouse/life partner is not a member of a social health insurance fund.

Details for TK long-term care insurance

- I am exempt from social long-term care insurance.
Please send us a copy of your confirmation of exemption.
 I am mother/father of one child/several children.
We need this information to correctly calculate your contributions to long-term care insurance. Please submit the relevant proof, e.g. a copy of the birth certificate.

Queries and signature

The following details help us in case of queries:

Phone number** _____

E-mail** _____

Date _____ Signature 

We need your personal data ("social data") to correctly perform our tasks for you. This is based on Section 284 Sozialgesetzbuch V (SGB V) [Social Security Code] and Section 94 Sozialgesetzbuch XI (SGB XI) [Social Security Code].

- * We might need a confirmation of cancellation. This depends on your previous health insurance cover. Please get in touch with your contact person.
** Optional information.

Daten des Beraters

Gesellschaft, Name _____

Straße, Nr. _____

PLZ, Standort _____

Telefon _____

TK-Partnernummer _____
(wird von der TK bei Eingang Ihres ersten Antrags vergeben)



SEPA Direct Debit Mandate



Creditor Identifier: DE51TK10000031158
Mandate reference number: will be handed in later

Last name, first name _____

Street, number _____

Postcode, town/city _____

I hereby authorise Techniker Krankenkasse to draw payments out of my account by means of direct debit transactions. At the same time I instruct my credit institution to pay Techniker Krankenkasse the direct debit drawn on my account.

Note: I can claim refund of the amount debited within eight weeks from the date of debiting. The terms and conditions agreed upon between me and my credit institution are applicable. At the same time I commit myself to inform Techniker Krankenkasse about termination of my mandate.

Direct debit authorisation of my contribution from the following account as of
Month Year

IBAN D E

Only to be completed if account holder different from insuree

Last name, first name _____

Street, number _____

Postcode, town/city _____

Place _____ Date _____ Signature **X**
(Account holder)

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