

Application for student membership

Fax: 0800 - 285 85 89-692 37
(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)

