

I apply for Health and Long Term Care Insurance with AOK PLUS as a Student



Die Gesundheitskasse
für Sachsen und Thüringen.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance number	Tax ID number (ID No.) 11 digits (see also item 6)	PI number

Name, first name, title

Address - postal address (address of place of study, if applicable)

Street, ZIP-code, place of residence

<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone no.*	Telefax no.*	Email*

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender (m/f)	Nationality

<input type="text"/>	<input type="text"/>
Maiden name/Name at birth	Place of birth

<input type="text"/>	Children <input type="checkbox"/> yes (please enclose proof of parenthood) <input type="checkbox"/> no
Marital status	

*Providing your phone and fax number and email address is optional. We would like to use these channels in addition to written communication to be able to contact you without delay, if required.

I apply for student insurance

1. Study details

<input type="text"/>	as of
<input type="text"/>	Name, Address

Type of educational institution:	<input type="checkbox"/> State or state-approved University/ College	<input type="checkbox"/> State/state-approved University of Applied Sciences
	<input type="checkbox"/> Formal school education (adult education only)	Students of colleges are requested to fill in the application form for voluntary membership.

PhD or graduate or master craftsman or MA or postgraduate or further education studies:

<input type="checkbox"/> no	<input type="checkbox"/> yes (please underline applicable course of study)	<input type="text"/>	from	<input type="text"/>	to
<input type="checkbox"/> Preparatory language course/college		<input type="text"/>	from	<input type="text"/>	to

<input type="text"/>	<input type="text"/>
Course of studies	Current semester - Please attach the current certificate of enrolment.

<input type="text"/>	<input type="text"/>
Start of studies/day of first enrolment	Start of semester

First course of studies?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
	Please state name of previous educational institution.		

Completion of studies expected for

Has the university entrance qualification been obtained through second-chance education? yes** no

Has statutory military or civilian service or voluntary military service / federal voluntary service been completed? yes** no

** Please submit the relevant documents, so that we can consider an extension of compulsory insurance as a student.

2. My previous insurance periods other than AOK PLUS

2.1. Determination of entitlement to insurance - up to at least 18 months prior to application

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	Health insurance company	Voluntary member	Family insurance	Family insurance	No or private health insurance

The cancellation confirmation of the previous health insurance company is enclosed will be submitted by

2.2. Insurance periods for which no cancellation confirmation is required

<input type="checkbox"/> I was covered by a family insurance policy in the past 18 months with	<input type="text"/>
<input type="checkbox"/> I was not a member of a statutory health insurance in the past 18 months	Name of health insurance company

3. General information

Only applies to foreign students: Are you entitled to benefits according to supranational/international health insurance law? (If »yes«, please enclose a copy of your European Health Insurance Card – EHIC.)

no yes

Do you receive or have you applied for a BAföG student loan?

no yes up to

Do you pursue any freelance work beside your studies?

no yes

Do you pursue any professional activities beside your studies?

no yes

from to

Type of professional activity

from

to

Name and postal address of employer

Pay

Weekly working hours

Do you receive pensions or annuities?

no

yes from to

Type of payment

from

to

Are you entitled to allowances or free medical care?

no

yes from to

Type

from

to

In the past, have you been exempted from student statutory health insurance by a health insurer?

no

yes on by which health insurer

on

by which health insurer

4. The non-contributory family insurance is not possible because

Parents live abroad

Income limit is exceeded

Age limit is exceeded

Parents have private insurance

Other reasons _____

5. Payment upon obligation to contribute

I want the monthly premiums to be debited from my bank account by direct debit.

Note: Please complete the **SEPA Direct Debit mandate** and submit the original.

I shall pay the entire semester premium in advance.

6. Consent to data transfer – premiums taken into account for taxation

I agree that the amounts of premiums I paid and the amount of premiums reimbursed by AOK PLUS will be reported to the tax office on an annual basis under my tax ID. If my tax ID is not on file at AOK PLUS, I agree that this information is obtained from the Federal Central Tax Office. Please delete this paragraph if you do not agree.

7. Consent to use of data

I agree that AOK PLUS will store and use my data to inform and advise me about an AOK PLUS membership, the range of services offered by AOK PLUS, and about new products in the statutory health insurance market as well as offers by partners of AOK PLUS by phone, text message, or email. This consent will also be effective if I am not admitted as a member. I may revoke my consent at any time in the future. AOK PLUS will then delete my data.

I give my consent to the use of my data

Privacy Notice

Your cooperation as stipulated in Section 206 of the Fifth Book of German Social Security Code (SGB V) is required for us to lawfully fulfil our tasks of implementing your membership or insurance, and determining the amount of your health and long-term care insurance premiums. Your information is collected in this particular case based on Section 5, Paragraph 1 No. 9 or 10, Paragraphs 5 and 7, and Section 175 SGB V. Failure to cooperate may result in disadvantages with respect to your membership and entitlement to benefits.

8. I confirm that this information is accurate

I have read the general instructions and notes. I will immediately notify AOK PLUS of changes that affect my insurance relationship.

Date

Signature of the applicant

Signature and KI ID of the AOK PLUS employee

Stamp of AOK PLUS Customer Ser-

To be filled out by AOK PLUS!

HB FB Fil WuG

BBA, BBO, VertrB: _____
Name, Vorname

Postkz.: _____ Tel Br VA TS

AE, Datum: _____ Bild für eGK vorhanden

Versicherungsbescheinigung ausgehändigt ja nein

Bearbeitung durch SB Studenten am _____

Explanatory Notes

Health and long-term care insurance for students

Students who are enrolled at state or state-recognized universities until the completion of the 14th semester, until they reach the age of 30 at most, are liable to insurance (Sect. 5 para. 1 no. 9 German Social Code Book V [SGB V]). An extension of compulsory insurance is possible if certain events have led to the loss of one or more semesters (e.g. attainment of university entrance qualification through second-chance education, times spent servicing in statutory military or civilian service or voluntary military service / federal voluntary service or the like).

Commencement of membership

For students liable to insurance, membership commences at the beginning of the semester, but not earlier than the day of enrolment or re-enrolment with the institution of higher education.

End of membership

■ Removal from the register of students (ex-matriculation)

For students liable to insurance, membership ends upon the end of the semester in which they are removed from the register of students.

■ Attaining the age of 30

For students liable to insurance, membership ends upon the completion of the semester in which the age of 30 is attained.

■ Delayed re-enrolment on continuation of the study programme

For students liable to insurance, membership ends one month after the completion of the semester

Payment of premiums

The monthly premiums to the health and long-term care insurance of students are either debited from your bank account up to 15th of the month by direct debit or to pay in advance for each semester. With the notice of premium assessment, you receive a preliminary notification (pre-notification) in the amount we will debit monthly when participating in the SEPA Direct Debit scheme. The period prescribed by law for these pre-notification is 14 days. By granting the SEPA Direct Debit mandate, you agree to shorten this period to one day. We will notify you at least one day prior to debiting your bank account of a change in the payment amount.

We are obligated to charge a late fee on each premium payable that has not been paid by the due date. This late fee is one percent of the amount owed rounded down to EUR 50.00.

Changes

It is your duty as a member to provide information and report changes. Changes with respect to the educational institution, subject and course of studies, enrolment for postgraduate studies, ex-matriculation, or entry into self-employment or employment, or changes in income shall be reported to AOK PLUS.

Benefits

From the commencement of your membership you and your family-insured relatives are entitled to comprehensive health insurance coverage. For detailed information, please ask for a copy of our benefits brochures we keep available for you.

Exceptions:

Failure to pay your premiums for two months will result in the suspension of your benefits. Excluded from this suspension are benefits required with respect to the treatment of acute pains, medical care during pregnancy, maternity as well as early diagnosis check ups. Such suspension ceases on the payment of all outstanding premiums and the premiums attributable to the period of suspension or in case you should require support as defined by SGB II or SGB XII.

Please return this document in its original to:

AOK PLUS – Die Gesundheitskasse
für Sachsen und Thüringen.
Bereich Privatkunden
01058 Dresden

Important notes!

- The indication of IBAN and BIC is mandatory. These can be found on your statement of accounts.
- Changes are only possible in writing.
- The return of the direct debit mandate is only permitted in **its original** and not as a fax or e-mail.

SEPA Direct Debit Mandate

for recurring payments

for one-time payments

Payee: AOK PLUS, Sternplatz 7, 01067 Dresden
Creditor Identifier: DE85AOK00000018809
Mandate Reference: you will be notified separately

Payee

Last Name, First Name, Title

Number of Person Insured

Street, No., Postal Code, Place

I authorize AOK PLUS to collect the premium payments from my account by direct debit.
At the same time, I instruct my financial institution to honour the direct debits drawn by AOK PLUS from my account.

Note: I may request within 8 (eight) weeks, beginning on the date of debiting, a refund of the amount debited.
Conditions shall apply as agreed with my bank.

IBAN

BIC

Account holder, if different from debtor

Last Name, First Name, Title

Street, No., Zip Code, Place

Place, Date

Signature of Account Holder

Privacy Policy Note:

The SEPA Direct Debit mandate, as well as the information required for it, is voluntary. The information you disclose will be used exclusively for the fulfillment of our duties.