

I'd like to become a member of vivida bkk

Consultant no.

Membership to begin:

My personal details:

Mr. Ms. married single

First name

Last name

Date of birth

Street, house no.

Postal code, town/city

Please Telephone*

contact me preferably: Mobil/cell*

(Please tick a box) Email*

Pension insurance number

Country, town/city of birth

Maiden name

Nationality

Tax ID

Type of membership:

- I am a compulsorily insured employee
- I am a voluntarily insured employee
- I am self-employed**
- I am a University student / apprentice**
- I am retired**
- I am a recipient of unemployment benefits/citizens' income
- other voluntary insurance**

I would like to insure my dependent **family members** as well**

** We will contact you by telephone.

A passport photo for the electronic health insurance card:

is attached will be uploaded

Note: You can upload a digital photo at: www.vividabkk.de/lichtbild

My bank details:

IBAN

BIC

*Voluntary information

My employer / Federal Employment Agency: / Self-employed since

Company registration no.

if known

Name

House no./street

Postal code, town/city

Telephone

HR department

I also receive:

state/company pension unemployment benefits

income from self-employment welfare

other

Are you related to your employer? ja nein

If so, how?

Do you own company stocks/shares? ja nein

Consent to the use of data for other purposes

I agree to the following uses (please tick the boxes accordingly):

By voluntarily providing my telephone number, I declare that I agree to receive telephone calls from vivida bkk in future.

By voluntarily providing my e-mail address, I declare that I agree to receive information from vivida bkk in future.

I agree to receive newsletters by e-mail about offers, services, articles and campaigns on the topics of health and prevention as well as news and changes at vivida bkk. (You will receive the confirmation e-mail in the next few days. Please confirm it.)

Your rights: In addition, you can exercise your right of objection at any time without stating reasons and amend or revoke this declaration of consent with effect for the future.

Confirmation of my details:

Date

Signature

of parent / legal guardian if applicable

Your personal data is collected, stored and used by vivida bkk so that we can fulfil our legal obligations in compliance with the German Code of Social Law. Your details are subject to data protection and will be processed confidentially. Further information on data privacy at vivida bkk can be found at: www.vividabkk.de/Datenschutz.

Name of contact:

My current health insurance:

Insured since with current health insurance

Name

compulsory insurance voluntary insurance co-insured dependents

I presently have an **optional tariff** yes no