

I'd like to become a member of vividabkk

 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

*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? ☐ yes ☐ no

 If so, how?

 Do you own company stocks/shares? ☐ yes ☐ no

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

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

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 vividabkk in future.

☐ By voluntarily providing my e-mail address, I declare that I agree to receive information from vividabkk 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 vividabkk. (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 vividabkk 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 vividabkk can be found at: www.vividabkk.de/Datenschutz.

Name of contact: