

**Yes, I want to become a member of  
the BKK Pfalz as of \_\_\_\_\_ (Date)**



Mrs.     Mr.

\_\_\_\_\_  
Surname, First name

\_\_\_\_\_  
Date of birth                      German Pension Insurance Number  
(Rentenversicherungsnummer)

\_\_\_\_\_  
Street, Number

\_\_\_\_\_  
Postcode, City

\_\_\_\_\_  
Daytime Phone (important for queries)

\_\_\_\_\_  
Name of your employer

\_\_\_\_\_  
Employer's address

I am related to the employer/involved as a shareholder:     Yes     No

\_\_\_\_\_  
Name of previous health insurance company:

\_\_\_\_\_  
Type of previous health insurance cover:

Mandatory cover     Voluntary cover

Family cover     Private cover     Another country

\_\_\_\_\_

Please send me an application for family cover.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

In order to process your application, we require some personal data. We require your personal social data to properly process your application for you. The legal foundations for this requirement can be found in Paragraph 284 Social Security Code V and Paragraph 94 Social Security Code XI (SGB XI).