

Membership request



direkt gesund

Yes, I want to become a member as from _____ (dd/mm/yyyy)

I was advertised by _____
BIG-insurancenummer from the member

Please fill in with block letters.

Personal details

male female undefined divers **marital status** unmarried married widowed divorced LPartG

last name _____ dialling code _____ mobile number _____
first name _____ e-mail _____
maiden name _____ street _____ house number _____
date of birth _____ place of birth _____ additional address details _____
pension insurance / social security number _____ postal code _____ town _____
tax-ID (if known) _____ insurance number _____

I have children yes (Please add a birth certificate, if you have multiple children, one birth certificate will be enough) no
 Family members should also be insured.

My wife/husband/life partner according to LPartG is statutory private health insured by _____

Previous insurance

from (dd/mm/yyyy) _____ until (dd/mm/yyyy) _____ name of health insurance fund _____
 insured as individual insured with family insured private foreign insurance

If you were insured by yourself, we need a confirmation of termination from your past health insurance.
 Confirmation will be handed in later. Past insurance still needs to be terminated. change of insurance relation (f.ex. change of employer)

I am

employee
 My income is above the annual income limit.
employer _____
street _____ house number _____
postal code _____ town _____
 additionally self-employed

self-employed since _____ (dd/mm/yyyy)
weekly working hours _____
Foundation grant (Please add the documents) yes no
The health insurance should include
 no claim of sickness benefit. a claim of sickness benefit.
My annual income is above the annual income.
 All incomes are listed on the added income tax assessment.

recipient of state benefits (Please enclose assessment notice)
 beneficiarie Agentur für Arbeit/ARGE/Jobcenter (Please add the documents)
customer number _____

civil servant or eligible for allowance (Please add remuneration message)
 student (Please add remuneration message)
 pensioner oder pension applicant (Please add remuneration message)
 unemployed

My contributions

will be transferred by me. will be transferred by my employer. will be transferred via SEPA direct debit mandate until cancelled.
(Please fill in SEPA direct debit mandate)

Signature

For further questions please contact me my mediator.
 I would like to receive informations about additional services.

town _____ date _____ Signature _____

Direkter geht Krankenkasse nicht.

BIG direkt gesund • Rheinische Straße 1 • 44137 Dortmund • Germany
Fax 0231 5557-199 • info@big-direkt.de
Free 24 h direct service 0800 5456 5456

Responsible according to the DSGVO: Peter Kaetsch, Markus Bäumer
Data protection officer: datenschutz@big-direkt.de

mediatornummer (for internal reasons)



Since May 2018 there is a new general data protection regulation within the EU. As a statutory health insurance company we are dealing with your personal data sensitive and carefully. In this form, we are asking for your personal data, to work on your membership request, according to § 175 SGB V. Your personal data will just be given to others within the legal framework. Your written down data will be saved up to 6 years and will be deleted after.



SEPA direct debit mandate for recurrent payments for insured

Payee

BIG direkt gesund, Rheinische Straße 1, 44137 Dortmund, Germany

Creditor identifier **DE63ZZZ00000008438**

_____ reference (will be handed out by us)

I authorize the BIG direkt gesund to withdraw payments from my bank account starting from the _____ (dd/mm/yyyy)

Also I instruct my bank to redeem debits from BIG direkt gesund towards my bank account.

Note: Within 8 weeks, depending on the date of the first payment, I am able to refund the contribution payment. The preconditions of my bank are applied here.

_____ insurance number

_____ name (account holder)

_____ first name (account holder)

_____ street

_____ house number

_____ postal code

_____ town

_____ IBAN

_____ BIC

_____ town

_____ date (dd/mm/yyyy)

_____ signature (account holder)

Information for a voluntary insurance

Start

The membership begins directly after the current statutory health insurance.

Contribution

The calculation of the contribution is based on the current „Beitragsverfahrungsgrundsätze Selbstzahler“.

Payment

The contributions are due to the 15th of the following month.

Tax law consideration of care and health insurance contributions

Based on the „Bürgerentlastungsgesetz Krankenversicherung“ from the 12th July 2009, expenses for the health and care insurance beginning from 2010, are stated as additional expenses (precautionary expenses) for the income tax. Included are the contributions of the member, subtracted by potential full or partial contribution refunds, which are based on a claim for health insurance.

How does your data get to the tax office?

After a contribution year, the BIG sends the your paid contributions for the health and care insurance, based on your tax-ID, to the tax office. Of course, you will receive a notification about the reported contributions.

**For further information please visit:
big-direkt.de/tarife**

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