

Membership request

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				
pension insurance 7 social security number					additional adress details				
tax-ID (if known)					postal code		town		
					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

			☐ insured as individual	☐ insured with family	☐ insured private	☒ foreign insurance
from (dd/mm/yyyy)	until (dd/mm/yyyy)	name of health insurance fund				
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 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 transfered by me. ☒ will be transfered by my employer. ☐ will be transfered 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 recieve informations about additional services.

town	date	Signature

Die Krankenkasse direkt für Dich.

mediatormumber (for internal reasons)

BIG direkt gesund • Hörder-Bach-Allee 1-3 • 44263 Dortmund •
Germany Fax 0231 5557-199 • info@big-direkt.de

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

SEPA direct debit mandate for recurrent payments for insured

Payee

BIG direkt gesund, Hörder-Bach-Allee 1-3, 44263 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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