Student membership application form

I would like to become Day Month Year	Die Techniker
Personal information	
Ms Mr	
Surname	I draw or have applied for benefits from the Federal Employment Agency [Agentur für Arbeit].
First name	I have employed at least one person for more than three months and in more than marginal employment.
Street, Street no.	I simultaneously employ several people in marginal employment whose gross pay together exceeds the minor employment threshold (currently 450 EUR)
Address line 2	Details on your studies
Post code, city	Important: Please send us your current registration letter.
	I have studied from/since
Date of birth: DDMMYYYY	University / Fachhochschule
	Details on pension payments
Insurance no.	
German pension insurance number	I draw a pension or have applied for a pension. I receive pension payments e.g. company pension, lump-sum
If no insurance number or German pension insurance number has	payments/instalments.
been assigned, we will require the following information:	Details on dependants
Surname at birth	I would like to insure my dependants exempted from contributions. Please send me an application for non-contributory dependants' insurance.
Place of birth	I am married or live in a civil partnership and my married partner/civil
	partner ¹ is not insured with a statutory health insurance fund.
Nationality	Details on long-term care insurance
Your health insurance cover details U was last insured or lived abroad.	I am mother/father to at least one child. Important: Please send us proof (e.g. copy of the birth certificate).
	For queries
Name of country	
l was last	Telephone, optional information
compulsorily insured voluntarily insured privately insured insured as dependent	E-Mail, optional information
from to	Date, signature (legal representative, if applicable)
Name of health insurance, town/city	We require personal data (social data) in order to carry out our tasks cor- rectly. The legal basis for this is Section 284 German Social Security Code,
Important: Please send us a confirmation of cancellation in case you most recently had voluntary or compulsory insurance cover.	Book V [SGB V] and Section 94 German Social Security Code, Book XI [SGB XI]. The information about TK's data processing pursuant to Article 13 DSGVO [EU General Data Protection Regulation] is available on
I have been exempted from compulsory insurance cover. Important: Please send us a copy of your exemption letter.	tk.de/dataprotection.
I am entitled to benefits in accordance with foreign law.	Hereby I am informed that TK informs the sales partner for billing purposes about a membership that has come about.
Details on income	Daten des Beraters Gesellschaft, Name
I am employed or self-employed during my studies.	PLZ, Standort
Weekly study time hours	Telefon
	TK-Partnernummer
Weekly working hours hours	
Monthly gross pay (employment) EUR	
Monthly profit (self-employment) EUR	1 civil partner pursuant to the German Civil Partnership Act [Lebenspartnerschaftsgesetz]



Deutsche Post 👷 ANTWORT

Techniker Krankenkasse 20901 Hamburg

SEPA Direct Debit Mandate

DE51TK10000031158 Creditor -ID:

Mandate reference number: to be submitted at a later date

By signing this mandate form, you authorise Techniker Krankenkasse to send instructions to your bank to debit your account. At the same time you authorise your bank to debit your account in accordance with the instructions from Techniker Krankenkasse. Please complete all the fields below.

Note: As part of your rights, you are entitled to a refund from your bank under the conditions of your agreement with your bank. A refund must be claimed within eight weeks starting from the date on which your account was debited. You also agree to inform Techniker Krankenkasse when your mandate ends.

Techniker Krankenkasse will debit the account indicated below for payment of the following: Contributions

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Name of bank																					
Begin direct debit	Mon	th	Year																		
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We require your personal information to complete our tasks properly. The legal bases are Section 284 German Social Security Code, Book V [SGB V] and Section 94 German Social Security Code, Book XI [SGB XI].