



Confirmation of membership

only for Volkswagen

Yes, I would like to become an Audi BKK member as soon as possible/continue to be an Audi BKK member.

Please return this confirmation of membership, signed, to:
Audi BKK, Postfach 100160, 85001 Ingolstadt
Fax: **0841 887 333** · Email: **beitritt@audibkk.de**

Personal data

Individual personnel number

Female Male Unspecified Prefer not to say

Family name, First name

Street, house no.

Post code, City/Town

Date of birth Place of birth

Name at birth (if applicable) Nationality

Telephone number (voluntary disclosure)

Email (voluntary disclosure)

I hereby agree that Audi BKK may process the contact data I have given above, until I revoke my consent. Audi BKK has the right to inform me about entitlement to benefits and its own products and services. The data may also be used for member surveys.

IBAN

Pension number

Please apply for a national insurance card on my behalf.

Agent/promotion number

I have been covered by my previous health insurance company for at least the last 12 month

Yes No

I have been registered with _____ as (Name and location of health insurer (may be abroad))

Covered by compulsory insurance

Covered by voluntary insurance

Covered by family insurance since _____ month/year

Family insurance

Yes, family members are also insured.

Application form enclosed

Please send me an application form

X

Date, signature

Due to the provisions of the German social security code (SGB) and the EU General Data Protection Regulation (GDPR), your data is used confidentially by our health insurance provider for the fulfilment of legal requirements. By signing, you consent to the processing of your data. You can find additional information on the topic of data protection at www.audibkk.de/datenschutz

Yes, I authorise Volkswagen AG, for the purposes of my registration with Audi BKK, to use my serial number to pass on the following legally permissible data: family name, first name, home address, date of birth, pension number, employer's company ID, group code and social security number, marital status, nationality.

X

Signature