



## Membership application

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

Return signed and completed form to:  
**Audi BKK, Postfach 100160, 85001 Ingolstadt**  
Fax: +49 (0)841 887 333 · E-Mail: [beitritt@audibkk.de](mailto:beitritt@audibkk.de)

### Personal details

Female  Male  Unspecified  Prefer not to say

\_\_\_\_\_  
Surname, forename

\_\_\_\_\_  
Street, number

\_\_\_\_\_  
Postcode, town/city

\_\_\_\_\_  
Date of birth                      Place of birth

\_\_\_\_\_  
Maiden name                      Nationality

\_\_\_\_\_  
Telephone number (optional)

\_\_\_\_\_  
Email (optional)

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 insurance number

Please request a social-security card for me.

### Inclusion of family

Yes, I wish to include my family members.

Form is attached       Please send form

\_\_\_\_\_  
Broker/promotion number

### My status

Since/as of \_\_\_\_\_, I have been/will be:

- |  |  |
|--|--|
| <input type="checkbox"/> Employed  | <input type="checkbox"/> An apprentice/trainee           |
| <input type="checkbox"/> Retired <sup>1</sup>  | <input type="checkbox"/> Voluntarily insured             |
| <input type="checkbox"/> Self-employed   | <input type="checkbox"/> On government <sup>1</sup>      |
| <input type="checkbox"/> Starting a business with<br>Arbeitsagentur grant <sup>1</sup> | <input type="checkbox"/> ALG I                           |
| <input type="checkbox"/> In federal volunteer service                                  | <input type="checkbox"/> ALG II                          |
| <input type="checkbox"/> Studying <sup>2</sup>   | <input type="checkbox"/> On parental allowance/<br>leave |
|  | <input type="checkbox"/> In dual work/study              |

\_\_\_\_\_  
University name and location

### My employer

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
Street, number

\_\_\_\_\_  
Postcode, town/city

\_\_\_\_\_  
Job/course start date, gross monthly earnings

First time employed in Germany

### I have been insured with my previous insurer for at least 12 months

Yes                       No

At \_\_\_\_\_, I had  
Insurer name and location (incl. foreign ones)

Mandatory insurance       Voluntary insurance

Family cover                      Since \_\_\_\_\_  
Month/year

# 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](http://www.audibkk.de/datenschutz)

<sup>1</sup> Please attach current pension statement (including pension-like income) or approval letter.  
<sup>2</sup> Please attach current certificate of enrolment.