



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 · Email: beitritt@audibkk.de

Personal details

Female Male Gender-diverse Unspecified

Surname, forename

Street, house number

Postcode, town/city

Date of birth Place of birth

Name at birth Nationality

Tel. (optional)

Email (optional)

I agree to Audi BKK processing the above contact details of mine until I revoke this consent. Audi BKK can inform me about benefits to which I am entitled and about its products and services. The details can also be used for member surveys.

IBAN

Pension insurance number

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 ¹ | <input type="checkbox"/> Voluntarily insured |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> On government benefit ¹ |
| <input type="checkbox"/> Starting a business with an Arbeitsagentur grant ¹ | <input type="checkbox"/> On unemployment benefit |
| <input type="checkbox"/> On Federal voluntary service | <input type="checkbox"/> On citizens' benefit |
| <input type="checkbox"/> In dual work/study | <input type="checkbox"/> On parental allowance/leave |
| <input type="checkbox"/> Studying ² | |

University name and location

My employer

Name of employer

Street, house number

Postcode, town/city

Employment/apprenticeship start date, monthly gross income

First time employed in Germany.

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

yes no

At _____ I had
Name and location of health insurer
(including insurers abroad)

Mandatory insurance Voluntary insurance

Family cover since _____
Month/year

X

Date, signature

Your data will be used confidentially based on the German Social Security Code (SGB) and General Data Protection Regulation to fulfil our health fund's statutory duties. By signing this form, you consent to this processing. For more information on the topic of data protection, please visit www.audibkk.de/datenschutz

¹ Please attach current pension statement (including pension-like income) or approval letter.

² Please attach current certificate of enrolment.