



Membership application for Volkswagen only

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

_____ ID number

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

_____ Broker/promotion number

My status

Since/as of _____ I have been/will be

Employed An apprentice/trainee

On parental allowance/leave Studying¹

In dual work/study

_____ University name and location

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

Inclusion of family

Yes, I wish to include my family members.

Form is attached Please send form

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

I, _____, authorize Volkswagen AG to share the legally permissible data with Audi BKK on the basis of my ID number for the purpose of registration with Audi BKK: surname, forename, home address, date of birth, pension insurance number, employer ID number, group and social insurance code, marital status, nationality.

X

_____ Signature

¹ Please attach current certificate of enrolment.