

Yes, I want to become a member of Krones BKK!

Start:



**KRONES BKK**

Bayerwaldstr. 2L, 93073 Neutraubling E-Mail:  
bkk.info@krones.com  
Telefon: +49 9401 70-5200

### Personal data

Last name, first name

Date of birth

Place of birth

Name at birth

Nationality

Male

Female

Divers

Apply for social security card

Pension insurance number

Health insurance number

Street / house no.

Telephone / mobile phone (optional)

Postcode / town

E-mail (optional)

### Marital status

Single

Married

Widowed

Divorced

My spouse/partner (LpartG - Law on Civil Partners.) is insured with

I have children

Yes

No

Do you want non-contributory co-insurance for your family Yes No

Please enclose proof. (e.g. copy of birth certificate)

### Occupational status

Employee

Employer (name)

Trainee

Employer (address)

I am participated in the company

Occupational status

I am related to the employer

Gross remuneration p.a.

Status of the insurance ((compulsory / voluntary)

Freelance work

h per week

Earned income p.a.

I draw benefits from the job centre / I draw benefits from the Labour Office

☐

Please enclose copy of the notice.

I receive retirement / pension benefits or pension payments.

☐

Please mark accordingly.

### Previous health insurance

From

to

Name / address of the insurance

Compulsory insurance

Voluntary insurance

Family insurance

Private insurance

☐

☐

☐

☐

### Bank account details

☐ only for reimbursement

Name of the bank

BIC

IBAN

Place / date

Signature

### Data protection notice:

Social Code (SGB V). This information has to be collected for the assessment of the insurance contract (para. 10, 284 of the German Social Code V [SGB V]). For more information on your data protection rights please refer to:  
<https://www.krones-bkk.de/datenschutzrechte>