

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



KRONES BKK

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Start:

Personal data

Last name, first name		Date of birth	
<input type="text"/>		<input type="text"/>	
Place of birth	Name at birth	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Divers <input type="checkbox"/>	Apply for social security card <input type="checkbox"/>
Pension insurance number		Health insurance number	
<input type="text"/>		<input type="text"/>	
Street / house no.		Telephone / mobile phone (optional)	
<input type="text"/>		<input type="text"/>	
Postcode / town		E-mail (optional)	
<input type="text"/>		<input type="text"/>	

Marital status

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	My spouse/partner (LpartG - Law on Civil Partners.) is insured with <input type="text"/>
I have children	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you want non-contributory co-insurance for your family w	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please enclose proof. (e.g. copy of birth certificate)				

Occupational status

Employee <input type="checkbox"/>	Employer (name)	<input type="text"/>
Trainee <input type="checkbox"/>	Employer (address)	<input type="text"/>
I am participated in the company <input type="checkbox"/>	Occupational status	<input type="text"/>
I am related to the employer <input type="checkbox"/>	Gross remuneration p.a.	<input type="text"/>
Status of the insurance ((compulsory / voluntary)	<input type="text"/>	
Freelance work <input type="checkbox"/>	h per week	Earned income p.a. <input type="text"/>
I draw benefits from the job centre / I draw benefits from the Labour Office <input type="checkbox"/>	Please enclose copy of the notice.	
I receive retirement / pension benefits or pension payments. <input type="checkbox"/>	Please mark accordingly.	

Previous health insurance

From <input type="text"/>	to <input type="text"/>	Name / address of the insurance <input type="text"/>
Compulsory insurance <input type="checkbox"/>	Voluntary insurance <input type="checkbox"/>	Family insurance <input type="checkbox"/> Private insurance <input type="checkbox"/>

Bank account details

only for reimbursement

Name of the bank	<input type="text"/>		
BIC	<input type="text"/>	IBAN	<input type="text"/>

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>