Pronova BKK

First name and last name of member / Health Insurance Number

Questionnaire for the inclusion in family insurance plan

General details of the member

I am / I have previously been

☐ insured as a member in my own right with:

Name of health insurance provider

☐ insured under a family insurance policy with:

Name of health insurance provider

☐ not covered by statutory health insurance

Marital status

☐ single ☐ married ☐ separated ☐ divorced ☐ widowed

☐ Registered civil partnership in accordance with the German Law on Civil Partnership (LPartG) (in this case, please specify details under "Spouse")

Reason for the inclusion in family insurance plan

☐ Start of my membership ☐ Birth of child ☐ Marriage ☐ other

☐ Termination of the family member's previous own membership

Start of family insurance:

Daytime phone number: (optional)

My email address: (optional)

Details of family members

The following information is only required for those family members who are to be covered by our family insurance plan. Notwithstanding this, we also require detailed information about your spouse/civil partner, if only your children are to be included in our family insurance plan. In this case, in addition to the general details, information on the insurance of the spouse/civil partner and - if the spouse/civil partner is not covered by statutory health insurance and is related to the children - income is required; the income must be substantiated by proof of income, allowances that are paid based on the marital status may be disregarded.

Please note that it is prohibited by law to take out family insurance with different health insurance providers at the same time. When providing information, please ensure that double family insurance is excluded.

General details of family members

	Spouse/Civil partner	Child	Child	Child
Last name*				
First name				
Sex (m = male, f = female, d = diverse, x = indeterminate)	☐ m ☐ f ☐ d ☐ x	☐ m ☐ f ☐ d ☐ x	☐ m ☐ f ☐ d ☐ x	☐ m ☐ f ☐ d ☐ x
Date of birth				
Address different from member, if applicable				
Relationship of the member to the child The term „biological child" is also to be used in case of adoption		☐ biological child* ☐ stepchild ☐ grandchild ☐ foster child	☐ biological child* ☐ stepchild ☐ grandchild ☐ foster child	☐ biological child* ☐ stepchild ☐ grandchild ☐ foster child
Is the spouse/civil partner related to the child?		☐ (no)	☐ (no)	☐ (no)

* Please attach a marriage certificate or proof of parentage, if the name of your spouse/civil partner or your children is different and you have not already provided these documents.

Information on the last previous or continuing insurance of the family members

	Spouse/Civil partner*	Child	Child	Child
The previous insurance ended on:				
Was taken out with: (name of health insurance provider)				
Type of previous insurance:	☐ Membership ☐ Family insurance ☐ not statutory	☐ Membership ☐ Family insurance ☐ not statutory	☐ Membership ☐ Family insurance ☐ not statutory	☐ Membership ☐ Family insurance ☐ not statutory
If previous insurance was a family insurance, please indicate the name and surname of the person on whom membership of the family insurance is based:	(First name) (Last name)	(First name) (Last name)	(First name) (Last name)	(First name) (Last name)
***The previous insurance of the spouse/civil partner will continue to exist with:**		(Name of health insurance)		

Other information on family members

	Spouse/Civil partner*	Child	Child	Child
Self-employed	☐ yes	☐ yes	☐ yes	☐ yes
Profit from self-employment:* (monthly)				
Gross pay from marginal employment: (monthly)				
Does the family member receive unemployment benefit II?	☐ yes	☐ yes	☐ yes	☐ yes
Statutory pension, pension payments, company pension, foreign pension, other pensions:* (monthly amount)				
Other regular monthly income within the meaning of the German income tax legislation:* (e.g. gross pay exceeding marginal employment, income from rental and leasing, income from capital assets, severance payments for the loss of work)	(Type of income)	(Type of income)	(Type of income)	(Type of income)
School attendance/studies:*	from / to	from / to	from / to	
Military or civilian service:*	from / to	from / to	from / to	

* Proof: see information sheet

Information for the allocation of a health insurance number for family members covered by family insurance plan

	Spouse/Civil partner*	Child	Child	Child
Own social security number (RV-No.):				

The following information is only required if no social security number has been allocated yet

Name at birth:				
Place of birth:				
Country of birth:				
Nationality:				

I hereby confirm that the above information is correct. I will inform you immediately about any changes. This applies in particular to changes in income of family members specified above (e.g. new income tax assessment for self-employment) or if they become members of a (different) health insurance company.

Date	Signature of the member	Signatures of the family members, if applicable
	By signing this form, I declare to have received my amily members' consent to the disclosure of the required data.	In case family members live separately, the signature of the family member is sufficient.

Data protection notice (Art. 13 GDPR; further information is available at https://www.pronovabkk.de/datenschutz): In order to enable us to assess the family insurance, your cooperation in accordance with Sect. 10 (6) et seq., 289 German Social Code (SGB V) is required. The data must be collected for the determination of the insurance relationship (Sect. 10 et seq., 284 SGB V, Sect. 7 German Farmers' Sickness Insurance Act 1989, Sect. 25 SGB XI). Voluntary information on contact details is only used for queries regarding your insurance relationship.

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Information sheet on family insurance

Who can be covered by a family insurance plan free of charge?

- Children, stepchildren, grandchildren and foster children.
- Spouse, civil partners

Which requirements must be met by your family members?

- They live in Germany.
- They are not independently insured with a health insurance.
- They are not self-employed full-time.
- Their regular maximum total income does not exceed € 485 per month (limit for 2023).
- You are in marginal employment with salary up to the marginal earnings limit.

Up to what age can children be covered by a family insurance plan?

- Up to their 23rd birthday if they are not gainfully employed.
- Up to their 25th birthday if they are in school or vocational training or studying.
- If you are completing a voluntary social or ecological year in line with the Voluntary Service for Young People or Federal Volunteers Service in accordance with the Federal Volunteer Service Act, please contact us before the start of your service. We will investigate whether you are still eligible for family insurance.
- Without age restrictions if the child is disabled and cannot look after themselves. The disability must have already existed at a point in time at which there was an entitlement to family insurance.

Can the family insurance be extended beyond the 25th birthday?

Yes, under certain conditions. We will be pleased to check whether the family insurance can be extended beyond the 25th birthday.

This includes periods of statutory military or civilian service (until 30 June 2011), as well as service periods within the meaning of the German Act on the Promotion of Youth Voluntary Services starting from 1 July 2011. Only the period of the service actually performed is taken into account, up to a maximum of 12 months.

What else is important?

If your spouse/partner is privately insured (i.e. not statutory), your children can only be covered by family insurance under the following conditions:

- The privately insured person is not related to the child to be insured.

  or
- The monthly income of the privately insured person is less than € 5.550 (limit for 2023), and the income of that person is below the income of the pronova BKK member.

As of: December 2022

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What proofs, if any, do we need from you?

For identification:	Copy of identity card (alternatively child ID or birth certificate)
When moving from abroad:	Registration confirmation from the registration office
For children from the 23rd birthday onwards:	Current school or enrolment certificate or certificate of the voluntary/social/ecological year
In case of extension beyond the 25th birthday:	In case of completed Voluntary Service for Young People or Federal Volunteers Service before 1 July 2011: Proof of time of service
In case of step children and grandchildren:	Questionnaire for inclusion of household members (please request separately)
For foster children:	Proof of precise start of the foster care
In case of adoption:	Adoption resolution, amended birth certificate
For family members with own income, e.g. - from investments, rental and leasing - Severance payments (for the loss of work) - from marginal employment - from self-employment	 - Copy of the current tax assessment - Copy of termination agreement and copy of last payroll - No proofs required - Questionnaire for the assessment of full-time or part-time employment (please request separately)
For relatives with own pension: (statutory pension, company pension, and foreign pension):	Copy of the current pension notification letter
In case of first-time inclusion in family insurance plan - Spouse/Civil partner - Children with deviating last name:	 Copy of marriage certificate/certificate of civil partnership Copy/Copies of birth certificate(s)
For privately insured person who is related to the child (e.g. spouse):	Copy of the current tax assessment Allowances that are paid based on the marital status (e.g. in case of civil servants) will be disregarded – please enclose the most recent payroll.

Important! Please notify us immediately of any changes in the personal circumstances of the family member covered by your family insurance, such as taking up employment, exceeding the income limit (see leaflet), withdrawal of the spouse related to the child from statutory health insurance or a divorce. Only then can we determine in a timely manner whether the changes in your personal circumstances have an impact on the free family insurance of your family members. Thank you.

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