Welcome to AOK

Membership Declaration for Students

For your security: *The data is collected and processed so we can meet our responsibilities pursuant to § 284 in combination with § 175 SGB V. According to § 60 SGB I and § 206 SGB V, your participation is required. Please note: You will not be able to join the AOK Baden-Württemberg as a member if the required data is not provided. We are permitted to share your data with third parties of service providers we have commissioned within the scope of related statutory requirements and notification authorizations. For more information affiliated with the processing of your data and your pertinent rights, please visit www.aok-bw.de/datenschutzrechte. Upon request, we will be pleased to provide hard copy information to you. If you should have any questions, please contact the AOK Baden-Württemberg, Presselstraße 19, 70191 Stuttgart, Germany or our data privacy officer at datenschutz@bw.aok.de. The disclosure of your phone number and e-mail address is optional; however, it will facilitate our work in the event that questions arise.*

Personal details
Angaben zur Person

- Name, First name
  Name, Vorname
- Home address, Street
  Heimatanschrift, Straße
- Post code, Town
  PLZ, Ort
- Telephone
  Telefon
- Mobile phone
  Handy
- Semester address, Street
  Studienanschrift, Straße — Schelmenwasen 10
- Post code, Town
  PLZ, Ort — 72622 Nürtingen
- Telephone
  Telefon
- Email
- Date of birth
  Geburtsdatum

Place of birth
Geburtsort

Name of birth
Geburtsname

- Nationality
  Staatsangehörigkeit

Sex
Geschlecht

☐ Female
weiblich

☐ Male
männlich

- I am married or have registered a civil union according to the Civil Union Bill (Lebenspartnerschaftsgesetz – LPartG)
  Ich bin verheiratet oder lebe in einer eingetragenen Lebenspartnerschaft nach dem Lebenspartnerschaftsgesetz - LPartG

☐ Yes
Ja

☑ No
Nein

I have children
Ich habe Kinder

☐ Yes
Ja

☑ No
Nein

(please enclose proof)
(Ggf. Nachweis beifügen)

Family members to be included in my family insurance
Angehörige, die über mich familienversichert sein sollen

- My husband/wife or registered partner (civil union according to the Civil Union Bill – Lebenspartnerschaftsgesetz – LPartG) and/or my children are to be included in my family insurance (if applicable, please fill in the following pages "AOK-Familienversicherung").
  Mein Ehepartner oder Lebenspartner (eingetragene Lebenspartnerschaft nach dem Lebenspartnerschaftsgesetz – LPartG) und/oder meine Kinder sollen bei mir familienversichert sein (wenn ja, bitte die Folgeseiten „AOK-Familienversicherung" ausfüllen).

☐ Yes
Ja

☒ No
Nein

For AOK

MVV03E

AOK Membership
AOK-Mitgliedschaft

- AOK Membership starts on
  Die AOK-Mitgliedschaft beginnt am: 01.09.

My Studies
Mein Studium

- I study at/will study at
  Ich studiere/werde studieren an der: Hochschule Nürtingen
  Name and address of the University/college
  Name und Anschrift der Studieneinrichtung
- Is it a state-approved university/college? (Please enclose a certificate)
  Handelt es sich um eine staatlich anerkannte Studieneinrichtung? (Bitte Bescheinigung beifügen)
  [X] Yes / Ja [ ] No / Nein
- Preparatory language course/course of lectures from ____ to ____
  Studienvorbereitender Sprachkurs/Studienkolleg von / bis
- Beginning of term
  Semesterbeginn: 01.09.
- Course subjects
  Studienfach
- Day of registration
  Tag der Einschreibung: 01.09.
- First studies
  Erststudium
  [ ] Yes – expected end of studies / Ja – voraussichtliches Studienende ____
  [ ] No Nein
- Term
  Semester: fall/winter

Please enclose a valid registration document proofing your number of core course semesters completed.
Bitte die aktuelle Immatrikulationsbescheinigung mit Anzahl der zurückgelegten Fachsemester beilegen.

- Please state after a change of studies: new end of studies
  Bei Studienwechsel bitte angeben: neues Studienende

Further information
Sonstige Angaben

Please enclose appropriate proof (certificates, jobs contracts, pension entitlement etc.) for the following informations
Bitte legen Sie geeignete Nachweise (Bescheinigungen, Arbeitsverträge, Rentenbescheide etc.) für die nachstehenden Angaben bei.

- Military/community service from ____ to ____
  Wehr-/Zivildienst von / bis
  [ ] Yes / Ja [☑] No / Nein
- Do you have an extra job besides your studies?
  Wird neben dem Studium eine Beschäftigung ausgeübt?
  [ ] Yes / Ja [☑] No / Nein
- Duration and nature of this extra job
  Dauer und Art der Beschäftigung
- Name and address of your employer
  Name und Anschrift des Arbeitgebers
- Income, working hours per week
  Arbeitsverdienst, wöchentliche Arbeitszeit
- Do you have a freelance job besides your studies?
  Üben Sie neben dem Studium eine selbstständige Tätigkeit aus?
  [ ] Yes / Ja [☑] No / Nein
- Nature of this job and time per week
  Art und wöchentlicher Zeitaufwand für diese Tätigkeit
- Do you receive a pension, unemployment benefit or other state benefits?
  Beziehen Sie Rente, Arbeitslosengeld, Versorgungsbezüge o. ä.?
  [ ] Yes / Ja [☑] No / Nein
- Duration and nature of these benefits
  Dauer und Bezugsart
- Have you been exempted from the compulsory insurance for students?
  Wurden Sie bereits von der Versicherungspflicht der Studenten befreit?
  [ ] Yes / Ja [☑] No / Nein

For AOK

, born on

Previuos/current health and nursing care
Bisheriger Kranken- und Pflegeversicherungsschutz

- Name of insurance
  Bisherige Krankenkasse
  Address
  Adresse
- This insurance is valid from ____ to ____
  versichert von bis
- Form of insurance ☐ Member ☐ Family member
  versichert als Mitglied Familienangehöriger
- Notice given on ____ to terminate this insurance as from ____
  Die Mitgliedschaft bei der bisherigen Krankenkasse wurde gekündigt am ____ zum ____

Mode of payment with liability to contribution
Zahlungsweise bei Beitragspflicht

☐ Advance payment of the complete semester fee
Zahlung des gesamten Semesterbeitrags im Voraus

☒ Monthly payment of the fee
monatliche Abrechnung des Beitrages

Please fill in the SEPA Direct Debit Mandate.
Bitte SEPA-Lastschriftmandat ausfüllen.

I become AOK member and ask you to:
Ich werde AOK-Mitglied und bitte Folgendes zu veranlassen:

- I draw a state grant (BaföG) and therefore require an insurance statement for each term ☐ Yes ☑ No
  Ich erhalte BaföG und benötige deshalb für jedes Semester einen Versicherungsnachweis Ja Nein

☐ I am interested in purchasing additional health insurance coverage
Ich habe Interesse an Zusatzversicherungen

An AOK insurance card will send to you
Eine Versichertenkarte wird Ihnen zugesendet

I confirm that these details are correct. I will immediately inform you of any changes in my income or job.
Ich bestätige, dass die Angaben richtig sind. Änderungen in den Einkommensverhältnissen oder der beruflichen Tätigkeiten teile ich umgehend mit.

Date	Signature: Member	Signature: Qualified adviser
Datum	Unterschrift: Mitglied	Unterschrift: F

For AOK

Zurück an:

AOK – Die Gesundheitskasse
Neckar-Fils
KundenCenter Studenten
Schöllkopfstraße 61
73230 Kirchheim

Declaration of Consent

Personal data of

First & last name _____

Street/no. _____

ZIP City _____

Date of birth _____ Health insurance no. _____

Phone number* _____ _____
Landline Mobile

E-mail* _____

AOK insured* ☐ Yes ☐ No

Data Protection Notice

We need some personal information from you. The reasons for this is that we would like to brief you on how you can benefit from insurance coverage and give you advise related to the coverage and services offered by the AOK and on the private health insurance protection offered by our contracting partners. However, in conjunction with this, we would also like to conduct opinion research, for instance quality assurance and customer loyalty surveys. The provision of any information marked with (*) is voluntary. To make it easier for us to get in touch with you, we are also asking you to share your phone number or e-mail address. For your declaration of consent, we also need your date of birth, given that you cannot make such a declaration until you are at least 15 years of age. Service providers commissioned by us may be recipients of your data.

For general information on data processing and your related rights, please visit www.aok-bw.de/datenschutzrechte. If you have any questions, please contact the AOK Baden-Württemberg, Presselstraße 19, 70191 Stuttgart, Germany or our data protection officer at datenschutz@bw.aok.de.

We collect and process your data on a voluntary basis. You may refuse to give us your consent or revoke it at any time for future collection and processing without any repercussions. To exercise your right to revoke, please send a notice to the AOK Baden-Württemberg, Presselstraße 19, 70191 Stuttgart, Germany. Alternatively, you can send your revocation notice via e-mail to widerruf@bw.aok.de.

Consent

☐ I consent to the archiving and using of the contact information I have provided by the AOK Baden-Württemberg or my competent AOK office to be able to inform and advise me, possibly also through a commissioned service provider, on the benefits, special services offered by the AOK and private supplementary insurance plans by contracting partners of the AOK. This information may also be stored and used to conduct opinion research (e.g. quality assurance and customer loyalty surveys), including via e-mail, phone or SMS. I am giving my consent voluntarily and I am in a position to revoke it at any time with future effect. It shall remain in effect until it is revoked. The aforementioned is subject to the stakeholders' rights specified under www.aok-bw.de/datenschutzrechte.

_____ _____
Date Signature
(signature of the legal guardian if the individual giving consent is less than 15 years of age)