

# Fix by fax:



## Membership application for new employees

I would like to become/remain a member of AOK in Lower Saxony

### Personal information

Surname	_____	Name	_____
Address	_____	Post code, city	_____
Date of birth	_____	Place of birth	_____
Name at birth	_____	Sex	_____
Nationality	_____	Marital status	_____
Social security no	_____	Telephone	_____
E-mail address	_____		

### Occupational information

The  employment / insurance policy or  apprenticeship will begin on \_\_\_\_\_ as a (your activity) \_\_\_\_\_

Employer \_\_\_\_\_ Company number / address \_\_\_\_\_

I have had the following health insurance policies in the past **18 months**:

from	to	Mandatory	Voluntary	Family	Private	None	Name of insurer
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I am employed in Germany for the first time and I only had health insurance abroad in the past

Please fill in if you have ticked 'family': (surname, name and date of birth of the main insured party)

Please provide information on your insurance contributions if you have ticked 'no statutory health insurance'

I am applying for family insurance, please send me a corresponding application form.

I wish to instruct AOK to inform my employer of my membership with AOK.

#### Data protection information:

The data are obtained and processed so that we can fulfil our tasks as defined in §§ 284 in conjunction with § 175 of Vol. V of the German social security code (SGB V). Your cooperation is required pursuant to § 60 of Vol. I of the German social security code (SGB I) and § 206 SGB V. A membership is not possible without the required data. Within the scope of legal obligations and notification requirements, your data can be forwarded to third parties or service providers commissioned by us. You will find general data processing information and information on your rights at [aok.de/nds/datenschutzrechte](http://aok.de/nds/datenschutzrechte) or such information can be made available to you in a written form, Please contact AOK Niedersachsen, Hildesheimer Str. 273, 30519 Hannover or our Data Protection Officer should you have any questions.

#### Consent

I consent to my responsible AOK storing the contact data that I have made available and to it using these in order to provide me with information and advise me on the benefits and news concerning the AOK in addition to private supplementary insurance offers by AOK contractual partners and for the purpose of conducting surveys. This consent is provided voluntarily and includes contact by telephone, email and text message and I can revoke it at all times, The rights of the data subject stated in the general "Hinweise zur Datenverarbeitung durch die AOK Niedersachsen" (Information concerning the Data Processing by AOK Niedersachsen) have validity.

I hereby provide the assurance that I have fully and truthfully answered the foregoing questions. I shall provide notification of any changes.

Place, date / Signature of the member

Name of the AOK advisor

Place, date / Signature of the contact partner

Telephone number of the AOK advisor