

# Membership application for people in work

(TK-Welcome)



I would like to become  
a member of TK as of \_\_\_\_\_

## Personal information

☐ Mr ☐ Ms

Last name \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Street, No. \_\_\_\_\_

Postcode and town/city \_\_\_\_\_

Please give us the following details, so that we can apply for a German  
Pension Insurance Number on your behalf.

Last name at birth \_\_\_\_\_

Place and country of birth \_\_\_\_\_

Nationality \_\_\_\_\_

## Details for insurance cover with TK

I am employed/I work as

☐ This is my first employment in Germany.

Employer \_\_\_\_\_

Street, No. \_\_\_\_\_

Postcode and town/city \_\_\_\_\_

I am in paid employment as of \_\_\_\_\_

☐ I am self-employed.

☐ I am a partner in and/or managing director of a GmbH  
[private limited company].

My gross monthly income

☐ does not exceed 450 Euros (mini-job).

☐ exceeds 4,800 Euros.

Do you get one-off payments such as Christmas bonus or holiday  
bonus? If so, please simply add one twelfth of the one-off payments  
to your gross monthly income.

☐ I had myself exempted from compulsory health insurance cover.

☐ I had myself exempted from compulsory pension insurance cover.

Please send us copies of your confirmations of exemption.

## Retirement benefits

☐ I currently receive or have applied for a state pension.

☐ I currently get a pension and related benefits  
(e.g. company pension, pension).

## Family details

☐ I would like to have my dependants (spouse/life partner pursuant  
to the Lebenspartnerschaftsgesetz [German Civil Partnership Act],  
children) covered by non-contributory dependants' insurance.

The application for non-contributory dependants' insurance

☐ is enclosed ☐ will be handed in later

☐ Please send me an application form.

## Details for TK long-term care insurance

☐ I am exempt from social long-term care insurance.  
Please send us a copy of your confirmation of exemption.

☐ I am mother/father of one child/several children.  
We need this information to correctly calculate your contributions  
to long-term care insurance. Please submit the relevant proof,  
e.g. a copy of the birth certificate.

## Queries and signature

The following details help us in case of queries:

Phone number\* \_\_\_\_\_

E-mail\* \_\_\_\_\_

Date \_\_\_\_\_ Signature 

We need your personal data ("social data") to correctly perform our  
tasks for you. This is based on Section 284 Sozialgesetzbuch V (SGB V)  
[Social Security Code] and Section 94 Sozialgesetzbuch XI (SGB XI)  
[Social Security Code].

\* Optional information.

## Please forward the signed application to:

Thomas Marquard  
Fax 0800 - 285 85 89-511 74  
(toll-free within Germany)  
or e-mail to:  
thomas.marquard@tk.de



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