Questionnaire for inclusion in the family insurance policy

Insurance no. U257836514

Name, first name of insured party Jain Rajat **Date of birth** 17-02-1990

Address Mariendorfer Damm 183 12107 Berlin

Member's general data

Up until now I was

- ☑ insured independently with
- ☐ insured under a dependents' co-insurance policy
- ☐ not insured by a statutory health fund

> AGIDA AOK HESSEN
> Name of health insurance fund

Family status: ☐ Unmarried ☑ Married ☐ Separated ☐ Divorced ☐ Widowed

☐ Registered civil partnership in compliance with the Civil Partnership Act, LPartG (in this case the data must be entered under "Spouse")

Reason for inclusion in the family insurance policy:

☐ Start of my membership ☐ Birth of the child ☑ Marriage

☐ Termination of the relative's prior own membership ☐ Other:

Start of the dependent's co-insurance: 01-05-2021

I am available for further inquiries at this telephone -no. 015904898034 during the daytime (voluntary information).

My email address is: rajatuiet@gmail.com (voluntary information).

Information about family members

The following data are in principle only required for those relatives who are to be co-insured by us. By way of derogation from this we require individual information about your spouse/civil partner even if the co-insurance is intended exclusively for your children. In this case, besides the general data, we require the information about your spouse's/civil partner's insurance – if the spouse/civil partner does not have statutory insurance and is related to the children; it is imperative to provide evidence of income plus allowances which are paid out of consideration for the family status. The information about the income must be disregarded.

Please pay attention that it is illegal to take out co-insurance with different health funds. Please therefore make sure that double co-insurance is excluded.

General information about family members

	Spouse	Child	Child	Child
Name*	.			
* Please enclose a marriage certificate or proof of descent if your spouse/civil partner or your children bear a different name and you have not already presented these documents.				
First name	Shiwali			
Gender (m = male, f = female, x = unknown D = diverse)	☐ (m) ☑ (w) ☐ (x) ☐ (D)	☐ (m) ☐ (w) ☐ (x) ☐ (D)	☐ (m) ☐ (w) ☐ (x) ☐ (D)	☐ (m) ☐ (w) ☐ (x) ☐ (D)
Date of birth	06-01-1991			
Address if it differs from that of the member				
Relationship between member and child (*The term "biological child" must also be used for adopted children.)	_____	☐ Biological child* ☐ Stepchild ☐ Grandchild ☐ Foster child	☐ Biological child* ☐ Stepchild ☐ Grandchild ☐ Foster child	☐ Biological child* ☐ Stepchild ☐ Grandchild ☐ Foster child
Is the spouse related to the child? (Please only cross if this is not the case)	_____	☐ (No)	☐ (No)	☐ (No)

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Information concerning last insurance policy to date or the still-existing insurance of the family members				
	Spouse	**Child**	**Child**	**Child**
The insurance ☐ ended on: ☑ was with: (name of health insurance fund)	AGIDA AOK hessen **N525805898**			
Type of insurance to date:	☐ Membership ☑ Dependents' co-insurance ☐ not statutory	☐ Membership ☐ Dependents' co-insurance ☐ not statutory	☐ Membership ☐ Dependents' co-insurance ☐ not statutory	☐ Membership ☐ Dependents' co-insurance ☐ not statutory
Insofar as a dependents' co-insurance already existed, name and first name of the person whose membership is the basis for the dependents' co-insurance	**Shiwali** (first name) . (last name)	(first name) (last name)	(first name) (last name)	(first name) (last name)
The previous insurance continuous with: (Name of health insurance fund/health insurance)	**Agida AOK hessen**	_____	_____	_____

Other information about family members				
	Spouse	**Child**	**Child**	**Child**
Member is self-employed	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Profit from self-employed professional activities Please enclose a copy of the current notice of income tax assessment	EUR	EUR	EUR	EUR
Gross pay from minor employment (per month)	EUR	EUR	EUR	EUR
Statutory pension, pensions and related benefits, occupational pension, foreign pension, other pensions (monthly amount paid)	EUR	EUR	EUR	EUR
Other regular monthly earnings as defined in the income tax law (e.g. gross pay from a more than marginal employment, income from rentals and royalties, income from capital assets) Other income (e.g. severance pay for job loss).	EUR (Type of income)	EUR (Type of income)	EUR (Type of income)	EUR (Type of income)
School education/Studies (For children above the age of 22, please enclose confirmation of enrolment)	_____	from to	from to	from to
Military service or statutory volunteer work (Please enclose confirmation of period of service)	_____	from to	from to	from to

Information on the allocation of a health insurance number for co-insured dependents				
	Spouse	**Child**	**Child**	**Child**
Own pension insurance fund number (PIF no.)				
Name at birth	**Shiwali**			
Place of birth	**India**			
Country of birth	**India**			
Nationality	**Indian**			

I confirm that the information given is correct. I will inform you immediately if any changes are made. This applies in particular if the income of my aforementioned relatives changes (e.g. a new notice of income tax assessment for a self-employed occupation) or if they become members a (different) statutory health insurance fund.

BERLIN, 09-08-2022 Rajat

Place, date — Member's signature — If required, signature of the family members

By my signature I declare that the family members have given approval for me to submit the necessary data.

If the family members live separately, the family member's signature will suffice.

Note on data protection: The data are collected and processed for the fulfilment of our tasks in accordance with Section 284 Subsection 1 Sentence 1 No. 1 SGB V (German Code of Social Law) or Section 94 Subsection 1 No. 1 SGB XI for the purpose of implementing family insurance according to Section 10 SGB V or Section 25 SGB XI. Your participation is required according to Section 60 SGB I. Failure to cooperate can lead to disadvantages for your relatives with regard to health insurance cover. Data not required for the verification of family insurance may be blacked out on the supporting documents. General information on data processing and your rights can be found at aok.de/hessen/datenschutzrechte. Providing us with your telephone number and e-mail address is voluntary. They make it easier for us to contact you.