

Surname, first name of the insured person | Name, Vorname, Geburtsdatum der / des Versicherten

Street, house number, postcode, town | Straße, Hausnummer, Postleitzahl, Wohnort

**ANNEX TO THE MEMBERSHIP APPLICATION FORM | ANLAGE ZUM AUFNAHMEANTRAG**

- I have been a student** | Ich bin seit dem Student \_\_\_\_\_  
(please enclose a certificate of study) | (bitte Studienbescheinigung beifügen)
- I am not in receipt of employment remuneration and I am (since)** | Ich erhalte kein Arbeitsentgelt und bin seit dem \_\_\_\_\_
- A vocational trainee (please enclose the trainee contract)** | zur Berufsausbildung beschäftigt (bitte Berufsausbildungsvertrag beifügen).
- Intern (Please enclose the internship contract)** | Praktikant (bitte Praktikumsvertrag beifügen).
- Trainee in second-chance education (the training establishment can be promoted in accordance with the German Study Loans and Grants Act) (Please enclose proof of the school attendance)** | Auszubildender des zweiten Bildungswegs (die Ausbildungsstätte ist förderungsfähig nach dem BAföG) (bitte Nachweis über den Schulbesuch beifügen).
- I am not liable for paying a contribution supplement for the nursing care insurance as I have a child.** | Der Beitragszuschlag zur Pflegeversicherung ist von mir nicht zu zahlen, da ich ein Kind habe/hatte.

Surname, first name, date of birth of the child | Name, Vorname, Geburtsdatum des Kindes

**Corresponding proof of my parenthood (e.g. birth certificate)** | Ein entsprechender Nachweis über meine Elterneigenschaft (z. B. Geburtsurkunde)

- is appended** | ist dem Antrag beigefügt.  **Has already been submitted** | liegt bereits vor.

**I consent to the KNAPPSCHAFT informing the tax administration of the health and nursing care insurance contributions, and awards and bonuses paid and reimbursed in the respective calendar year** | Ich bin damit einverstanden, dass die KNAPPSCHAFT die Höhe der im jeweiligen Kalenderjahr gezahlten und erstatteten Beiträge zur Kranken- und Pflegeversicherung sowie eventuell erstatteten Beiträge oder geleisteten Prämien bzw. Bonuszahlungen an die Finanzverwaltung übermittelt.

- My personal Identification Number for tax purposes:** | Meine persönliche Identifikationsnummer für steuerliche Zwecke: \_\_\_\_\_

**Should it not be possible to provide the Tax Identification Number, the KNAPPSCHAFT can, with the granting of consent to the data transfer, request this number from the Federal Central Tax Office.** | Kann die Steueridentifikationsnummer nicht angegeben werden, ist die KNAPPSCHAFT mit der Einwilligung in die Datenübermittlung auch berechtigt, die Steueridentifikationsnummer beim Bundeszentralamt für Steuern zu erfragen.

- I do not want my data to be transferred to the tax administration.** | Ich wünsche keine Übermittlung meiner Daten an die Finanzverwaltung.

**Continued overleaf** | Fortsetzung auf der Rückseite

Since 1 January 2010, the insured person can offset statutory health insurance and nursing care insurance contributions for tax purposes to a greater extent than was previously the case.

In its capacity as a health insurance company, the KNAPPSCHAFT is to report the amount of the health insurance and nursing care insurance paid by the member in the previous year, to the tax administration by 28 February at the latest. The reporting to the tax administration is only possible for those members who have consented to a transferring of the data. The report results in the contribution payments being taken into account when you file your income tax return. You shall be automatically issued with a printout of our report to the tax administration for your files.

Should you not consent to the data transfer, your health insurance and nursing care insurance contributions cannot be fully taken into account when you file your income tax return; you can only have these taken into account in the form of a lump sum that can be taken into account as other expenses of a provident nature.

Contributions that are reimbursed and award payments (e.g. for the optional excess tariff) or bonus payments for a health-conscious behaviour are also to be reported. Premiums for optional tariffs and additional insurances cannot be reported to the tax administration, however.

**Note:** The data is reported to the tax administration, irrespective of whether the member has an obligation to pay income tax or file an income tax return. Should a parent pay the health insurance and nursing care insurance contributions for a child who is studying for example, the tax administration can take this into account in the income tax return of the parent concerned.

**I confirm the correctness of the information. I shall notify you of any changes without delay.** | Ich bestätige die Richtigkeit der Angaben. Über Änderungen werde ich Sie umgehend informieren.

\_\_\_\_\_  
**Place, date** | Ort, Datum

\_\_\_\_\_  
**Signature** | Unterschrift

**Please enclose the corresponding proof (certificate of study, trainee contract, etc.).** | Bitte fügen Sie die entsprechenden Nachweise (Studienbescheinigung, Ausbildungsvertrag, etc.) bei.

### **We take a load off your shoulders**

**You can have the health insurance and nursing care insurance contributions debited from your current account by direct debit. This provides you with numerous advantages!**

#### **Comfortable**

**Punctual deduction of the contributions from your current account.**

#### **Correct**

**The contributions that are due are deducted. They can therefore not even be forgotten in case of illness and holidays.**

#### **Safe**

**Debits that you believe are unjustified can be cancelled without any difficulty. Your SEPA direct debit mandate can also be cancelled at all times.**

**I want you to deduct my health insurance and nursing care insurance contributions from my account by direct debit. Please send me a SEPA direct debit mandate form for this purpose.** | Ich wünsche, dass die von mir zu entrichtenden Beiträge zur Kranken- und Pflegeversicherung von meinem Konto mittels Lastschrift eingezogen werden. Bitte senden Sie mir hierzu ein SEPA-Lastschriftmandat zu.

**I shall be transferring the monthly contributions to the KNAPPSCHAFT by the date they are due (the 15th day of the following month).** | Ich werde die monatlichen Beiträge zum Fälligkeitstermin (15. des Folgemonats) selbst an die KNAPPSCHAFT überweisen.

\_\_\_\_\_  
**Place, date** | Ort, Datum

\_\_\_\_\_  
**Signature** | Unterschrift