

**KNAPPSCHAFT**  
 Fachzentrum für Versicherung und Beitrag  
 45095 Essen

**Application form | Aufnahmeantrag  
 for the voluntary health insurance and  
 nursing care insurance | in die freiwillige  
 Krankenversicherung und Pflegeversicherung**

**Telephone | Telefon:**  
**0800 7245 900 (free | kostenfrei)**  
 Fax: 0800 7245 901  
**Email | E-Mail:**  
 kundenservice-info@knappschaft.de  
[www.knappschaft.de/freiwilligemitgliedschaft](http://www.knappschaft.de/freiwilligemitgliedschaft)

**PERSONAL DATA | ANGABEN ZUR PERSON**

<input type="radio"/> <b>Ms</b>   Frau <input type="radio"/> <b>Mr</b>   Herr		<b>Pension insurance number   Rentenversicherungsnummer</b> <div style="border: 1px solid red; width: 100px; height: 20px; margin-top: 5px;"></div>
<b>Surname   Name</b>	<b>First name   Vorname</b>	<b>Nationality   Staatsangehörigkeit</b>
<b>Date of birth   Geburtsdatum</b>	<b>Place of birth   Geburtsort</b>	<b>Name at birth   Geburtsname</b>
<b>Street, house number   Straße, Hausnummer</b>	<b>Post code   Postleitzahl</b>	<b>Place of residence   Wohnort</b>
<b>Phone number   Telefonnummer*</b>	<b>Email*   E-Mail*</b>	
<b>Marital status (please tick)*:   Familienstand*:</b> <input type="radio"/> <b>single</b>   ledig <input type="radio"/> <b>married</b>   verheiratet <input type="radio"/> <b>divorced</b>   geschieden <input type="radio"/> <b>living apart</b>   getrennt lebend <input type="radio"/> <b>widowed since</b>   verwitwet seit _____		

(\*voluntary | Freiwillige Angabe)

**INFORMATION ON YOUR CURRENT EMPLOYMENT OR WORK | ANGABEN ZUR JETZIGEN BESCHÄFTIGUNG ODER TÄTIGKEIT**

**I am currently:** | Ich bin zurzeit:

**a salaried employee and exempted from health insurance** | als Arbeitnehmer(in) beschäftigt und krankenversicherungsfrei  
**with** | bei \_\_\_\_\_  
**Name and address of the employer/telephone number** | Name und Anschrift des Arbeitgebers/Telefonnummer

**self-employed** | selbstständig \_\_\_\_\_  
**working** | tätig \_\_\_\_\_ **as** | als \_\_\_\_\_

**weekly hours of work:** | wöchentliche Arbeitszeit: \_\_\_\_\_ **hours (including preparatory and subsequent work and verifying work for the human resources management)** | Stunden (einschließlich Vor- und Nacharbeiten sowie Prüfaufwand für die Personalführung)

**I have** | Ich beschäftige \_\_\_\_\_ **employees,** | Arbeitnehmer,  
**from which marginal:** | davon geringfügig: \_\_\_\_\_, **total monthly employment remuneration for all marginal employees** | gesamtes monatliches Arbeitsentgelt aller geringfügig Beschäftigten \_\_\_\_\_ **Euros** | Euro

**At my last health insurance company, I was entitled to** | Bei meiner bisherigen Krankenkasse bestand ein Anspruch auf

**statutory sickness benefit** | gesetzliches Krankengeld  
 **Optional tariff sickness benefit** | Wahltarif-Krankengeld

**Civil servant/Pensioner** | Beamter / Beamtin / Pensionär / Pensionärin  
 **Housewife, Houseman** | Hausfrau / Hausmann  
 **Pensioner** | Rentner / Rentnerin  
 **School pupil** | Schüler / Schülerin  
 **Retrainee** | Umschüler / Umschülerin  
 **Student. My studies are anticipated to terminate on (examination date)** | Student / Studentin. Mein Studium endet voraussichtlich am (Datum der Prüfung) \_\_\_\_\_  
 **Social security benefits recipient** | Sozialhilfeempfänger / Sozialhilfeempfängerin  
 \_\_\_\_\_

**PREVIOUS INSURANCE PERIODS | ANGABEN ZUR VORVERSICHERUNGSZEIT**

**I was a member in the following health insurance companies during the past 5 years:** | In den letzten 5 Jahren vor der Antragstellung war ich Mitglied folgender Krankenkassen:

**from** | von \_\_\_\_\_ **to** | bis \_\_\_\_\_ **Health insurance company** | Krankenkasse \_\_\_\_\_

**from** | von \_\_\_\_\_ **to** | bis \_\_\_\_\_ **Health insurance company** | Krankenkasse \_\_\_\_\_

**The membership with my current health insurance company terminates on:** | Die Mitgliedschaft bei meiner bisherigen Krankenkasse endet am: \_\_\_\_\_

**I have family members who are to be co-insured with the KNAPPSCHAFT free of charge:** | Ich habe Familienangehörige, die bei der KNAPPSCHAFT beitragsfrei mitversichert werden sollen:

- yes (please send me the family insurance application form)** | ja (Bitte senden Sie mir den Antrag zur Familienversicherung zu.)
- no** | nein

**NURSING CARE INSURANCE** | PFLEGEVERSICHERUNG

**I have taken out private nursing care insurance.** | Ich habe bei einem privaten Versicherungsunternehmen einen Pflegeversicherungsvertrag abgeschlossen.

**The exemption from the nursing care insurance** | Die Befreiung von der Versicherungspflicht in der sozialen Pflegeversicherung

- has already been granted,** | wurde bereits ausgesprochen,
- is hereby applied for.** | wird hiermit beantragt.
- I have an own entitlement to civil servant assistance or medical care on the basis of civil servant principles/regulations.** | Ich habe nach beamtenrechtlichen Grundsätzen / Vorschriften bei Krankheit und Pflege einen eigenen Anspruch auf Beihilfe oder Heilfürsorge.
- I am exempted from the nursing care insurance contributions supplement as I have/had 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 a child** | Name, Vorname, Geburtsdatum eines Kindes

**A corresponding proof of my parenthood (e. g. birth certificate, extract from the family register)**

| Ein entsprechender Nachweis über meine Elterneigenschaft (z. B. Geburtsurkunde, Auszug aus dem Stammbuch)

- is appended to the application.** | ist dem Antrag beigelegt.
- has already been presented.** | liegt bereits vor.

**PAYMENT OF THE CONTRIBUTIONS** | BEITRAGSZAHLUNG

- I consent to my employer transferring the contributions to the KNAPPSCHAFT together with the other social insurance contributions.** | Ich bin damit einverstanden, dass mein Arbeitgeber die zu zahlenden Beiträge zusammen mit den übrigen Sozialversicherungsbeiträgen an die KNAPPSCHAFT überweist.
- Please debit the health insurance and nursing care insurance contributions from my account by direct debit. Please send me a SEPA direct debit mandate form.** | 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 transfer the monthly contributions to the KNAPPSCHAFT by the date due (15th of the following month).** | Ich werde die monatlichen Beiträge zum Fälligkeitstermin (15. des Folgemonats) selbst an die KNAPPSCHAFT überweisen.
- The local social welfare office pays the contribution.** | Die Beitragsübernahme erfolgt zu Lasten des örtlichen Sozialamtes.

**REPORTING OF CONTRIBUTIONS TO THE TAX ADMINISTRATION** | BEITRAGSMELDUNG AN DIE FINANZVERWALTUNG

**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 Beitragsjahr gezahlten Beiträge zur Kranken- und Pflegeversicherung sowie die 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, subject to 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.

**Please send us proofs of income/change notifications for all income. This avoids questions. Should there not be a duty to pay income tax, please furnish proof of your income with appropriate documents.** | Bitte reichen Sie für alle Einkünfte entsprechende Einkommensnachweise / Anpassungsmittelungen ein. Hierdurch vermeiden Sie Rückfragen. Besteht keine Einkommensteuerpflicht, bitten wir anhand geeigneter Unterlagen die Höhe Ihrer Einkünfte nachzuweisen.

**MY GROSS INCOME IS AS FOLLOWS: | ICH HABE FOLGENDE BRUTTO-EINNAHMEN**

- Employment income (wage/salary, also from a minor improvement)** | Arbeitsentgelt (Lohn / Gehalt, auch aus einer geringfügigen Beschäftigung) \_\_\_\_\_ **Euros per month** | mtl. Euro
- annual single payments** | jährliche Einmalzahlungen
- on** | am \_\_\_\_\_ **and on** | und am \_\_\_\_\_ **amounting to** | in Höhe von \_\_\_\_\_ **euros** | Euro
- and** | und \_\_\_\_\_ **euros** | Euro
- (Please enclose wage/salary proof and proof of gratuities)** | (Fügen Sie bitte Lohn- / Gehaltsnachweise sowie Nachweise über die Sonderzuwendungen bei.)
- Pension(s) from the statutory pension insurance (also foreign pensions) – without pension from the Deutschen Rentenversicherung Knappschaft-Bahn-See and without contribution subsidy** - | Rente(n) der gesetzlichen Rentenversicherung (auch ausländische Renten) – ohne Rente der Deutschen Rentenversicherung Knappschaft-Bahn-See und ohne Beitragszuschuss -
- Pension insurance agency** | Rentenversicherungsträger: \_\_\_\_\_ **Euros per month** | mtl. Euro
- (Please enclose the latest pension/amendment decision)** | (Fügen Sie bitte den aktuellen Renten- / Anpassungsbescheid bei.)
- Pension insurance agency** | Rentenversicherungsträger: \_\_\_\_\_ **Euros per month** | mtl. Euro
- (Please enclose the latest pension/amendment decision)** | (Fügen Sie bitte den aktuellen Renten- / Anpassungsbescheid bei.)
- Pensions (e. g. company pensions, supplementary pensions, civil service pensions) – Please list other pensions on additional sheets if necessary** – | Versorgungsbezüge (z. B. Betriebs-, Zusatzrenten, Pensionen) – Bitte ggf. weitere Versorgungsbezüge auf Ergänzungsblatt angeben – \_\_\_\_\_ **Euros per month** | mtl. Euro
- Paying agency:** | Zahlstelle: \_\_\_\_\_
- annual single payments** | jährliche Einmalzahlungen \_\_\_\_\_ **of** | in Höhe von \_\_\_\_\_ **euros** | Euro
- Capital payment from direct insurance/endowment insurance/capital settlement paid on:** | Kapitalleistung aus Direktversicherung / Kapitallebensversicherung / Kapitalabfindung ausgezahlt am: \_\_\_\_\_
- of which company financed amounting to** | davon betrieblich finanziert in Höhe von \_\_\_\_\_ **euros and/or privately financed amounting to** | Euro und/oder ggf. privat finanziert in Höhe von \_\_\_\_\_ **euros** | Euro
- (Please enclose the latest pension decision or proof of the single payment)** | (Fügen Sie bitte den aktuellen Bescheid über die Versorgungsbezüge bzw. den Nachweis über die Einmalzahlung bei.)
- Income from self-employment** | Einnahmen aus selbstständiger Tätigkeit
- An income tax assessment notice has been** | Innerhalb der letzten 18 Monate wurde ein Einkommensteuerbescheid
- issued** | erteilt       **not issued in the last 18 months** | nicht erteilt
- Income according to the last income tax assessment from** | Einnahmen lt. letzter Einkommensteuerfestsetzung vom \_\_\_\_\_
- Profit** | Gewinn       **Loss** | Verlust      \_\_\_\_\_ **euros per year** | jährlich Euro
- Company start-up subsidy from the employment exchange from** | Gründungszuschuss von der Agentur für Arbeit ab \_\_\_\_\_ **Euros per month** | mtl. Euro
- (Please enclose the latest income tax assessment notice and the subsidy decision from the employment exchange if appropriate).** | (Fügen Sie bitte den aktuellen Einkommensteuerbescheid und ggf. den Bescheid über den Zuschuss der Agentur für Arbeit bei.)

- Income from letting and leasing** | Einnahmen aus Vermietung und Verpachtung

**As per last income tax assessment from** | lt. letzter Einkommensteuerfestsetzung vom \_\_\_\_\_

**Profit** | Gewinn       **Loss** | Verlust      \_\_\_\_\_ **euros per year** | jährlich Euro

**(Please enclose the latest income tax assessment notice)** | (Fügen Sie bitte den aktuellen Einkommensteuerbescheid bei)

- Income from capital assets** | Einnahmen aus Kapitalvermögen      \_\_\_\_\_ **euros per year** | jährlich Euro

**(Please enclose suitable proofs of income)** | (Fügen Sie bitte geeignete Einkommensnachweise bei)

- Settlement, compensation or similar benefits (on the grounds of an employment termination)** | Abfindung, Entschädigung oder ähnliche Leistungen (wegen Beendigung des Beschäftigungsverhältnisses)

**on** | am \_\_\_\_\_ **amounting to** | in Höhe von \_\_\_\_\_ **euros** | Euro

**(Please enclose additional documents, e. g. contract, agreement or social plan)** | (Fügen Sie bitte zusätzlich entsprechende Unterlagen, z. B. Vertrag, Vereinbarung oder Sozialplan bei.)

- Other income** | Sonstige Einnahmen

**(including accident pensions, life annuity, pension from a private life insurance, retirement settlement, maintenance payments in the case of separated or divorced spouses, social welfare, basic social benefits, company allowances, company benefits in kind or cash compensation, payments in kind).** | (u. a. Unfallrenten, Versorgungsrenten, Renten aus privater Lebensversicherung, Rentenabfindungen, Unterhaltszahlungen des getrennt lebenden oder geschiedenen Ehegatten, Sozialhilfe, Grundsicherungsleistungen, betriebliche Zuschüsse, betriebliche Sachbezüge oder Barabgeltungen, Deputate).

**Type of single payment** | Art der Einmalzahlung \_\_\_\_\_

**on** | am \_\_\_\_\_ **amounting to** | in Höhe von \_\_\_\_\_

**Type of single payment** | Art der Einmalzahlung \_\_\_\_\_

**on** | am \_\_\_\_\_ **amounting to** | in Höhe von \_\_\_\_\_

**(Please enclose suitable proofs of income)** | (Fügen Sie bitte geeignete Einkommensnachweise bei)

**The following information is only required if your spouse is not a member of a statutory health insurance company due to him or her being a civil servant, judge or professional soldier and therefore having an entitlement to civil servant assistance or free medical care, he or she therefore having private health insurance.** | Nachfolgende Angaben sind nur dann erforderlich, wenn Ihr Ehepartner nicht der gesetzlichen Krankenversicherung angehört, weil dieser beispielsweise als Beamter, Richter oder Berufssoldat Anspruch auf Beihilfe oder freie Heilfürsorge im Krankheitsfall besitzt und demzufolge privat krankenversichert ist.

- My spouse is not a member of a statutory health insurance company.** | Mein Ehepartner gehört keiner gesetzlichen Krankenkasse an.

**The total gross income of my spouse amounts to** | Die Brutto-Gesamteinnahmen meines Ehegatten betragen \_\_\_\_\_ **Euros per month** | mtl. Euro

**annual single payments (holiday pay, Christmas gratification)** | jährliche Einmalzahlungen (Urlaubsgeld, Weihnachtsgeld)

**on** | am \_\_\_\_\_ **and on** | und am \_\_\_\_\_ **amounting to** | in Höhe von \_\_\_\_\_ **euros** | Euro  
**and** | und \_\_\_\_\_ **euros** | Euro

**Number of joint children requiring support** | Anzahl der gemeinsamen unterhaltsberechtigten Kinder \_\_\_\_\_

**Continued overleaf** | Fortsetzung auf der Rückseite

**LIVELIHOOD DATA** | ANGABEN ZUM LEBENSUNTERHALT

- My income is lower than the minimum income for other voluntary members (the current amount is stated in the enclosed documents). My livelihood is secured by** | Meine Einnahmen liegen unter dem Mindesteinkommen für sonstige freiwillige Versicherte (den aktuellen Wert können Sie der beigelegten Anlage entnehmen). Mein Lebensunterhalt wird sichergestellt durch \_\_\_\_\_

**I ENCLOSE THE FOLLOWING DOCUMENTS** | FOLGENDE ANLAGEN FÜGE ICH BEI

- Confirmation of termination from the last health insurance company** | Kündigungsbestätigung der bisherigen Krankenkasse
- Copy of the business registration** | Kopie der Gewerbeanmeldung
- Proof of income (e. g. income tax assessment notice)** | Einkommensnachweis (z. B. Einkommensteuerbescheid)\*
- Certificate from the private insurance company/Copy of the nursing care insurance contract** | Bescheinigung des privaten Versicherungsunternehmens / Kopie des Pflegeversicherungsvertrages
- Confirmation of an existing entitlement to civil servant assistance/medical care** | Bescheinigung über einen bestehenden Beihilfe- / Heilfürsorgeanspruch
- Family insurance application** | Antrag auf Familienversicherung
- Declaration on sickness benefits for full-time self-employed** | Erklärung zum Krankengeld für hauptberuflich Selbstständige
- \_\_\_\_\_

I have been issued with the voluntary insurance leaflet and have noted the contents, I confirming this with my signature. I provide assurance that all of the information I have provided is truthful. I shall notify the KNAPPSCHAFT of all changes to my personal situation without delay and that I shall present suitable proof thereof (e. g. income tax assessment notice). I am aware that the providing of untruthful or incomplete information can result in additional contributions being calculated later.

**You can contact me under the telephone number** | Für Rückfragen erreichen Sie mich von \_\_\_\_\_ **between** | Uhr bis \_\_\_\_\_ **and** | Uhr telefonisch unter: \_\_\_\_\_ **should there be any questions.**

\_\_\_\_\_  
**Date** | Datum

\_\_\_\_\_  
**Signature of the applicant** | Unterschrift des Antragstellers

Data protection information:

We collect, process and store data conform with the provisions of the German social security code and the data protection legislation. The data are obviously protected.

\* Numerical information that is not of relevance for the health insurance and nursing care insurance can be rendered illegible. The information can be provided in the form of a separate declaration that has been issued by the tax consultant or the tax office, whereby the date of the last income tax assessment notice is to be stated on this declaration.

## Information on Voluntary Insurance for your Files

### Who is entitled to voluntary insurance?

- Persons who **are no longer compulsory insured** (e. g. due to them no longer being in employment that is subject to compulsory insurance, termination of the health insurance for students).
- Persons who are no longer in the **family insurance** (e. g. due to a divorce, commencement of self-employment, the children attaining the age limit).
- Children who have no legal entitlement to a **family insurance** should the parent who forms the basis for the family insurance have been insured for at least twenty-four months during the past five years before them leaving the insurance, or a minimum of twelve months without interruption direct for them leaving it.

### How can I be voluntarily insured?

A terminated compulsory insurance or family insurance is automatically continued in the form of a voluntary health insurance (obligatory follow-on insurance). An application for a voluntary membership is not required. The information in the enclosed application form is required however, so that the contributions can be calculated.

If you should have children who are excluded from a family insurance, this application form is to be received by us **three months** after the birth of the child at the latest.

### When does the voluntary membership start?

Your voluntary insurance starts

- when **terminating your compulsory insurance membership**, on the day after you are no longer compulsory insured,
- when **terminating the family insurance**, on the following day
- **otherwise** on the day you become a KNAPPSCHAFT member as long as we are in possession of a confirmation of termination from your previous health insurance company.

Children who are excluded from the family insurance, become voluntary members on the date of their birth.

### Do full-time self-employed persons have an entitlement to sickness benefit?

Full-time self-employed persons do not have a statutory entitlement to a sickness benefit. The possibilities here are that if you pay the general contribution rate, you can opt for insurance with entitlement to sickness benefit or you can also choose our optional sickness benefit tariff as a supplement to the statutory sickness benefit, providing you with an entitlement as from the 15th day or the 22nd day of your incapacity to work.

### What do I pay in contributions?

#### General information

The following types of income are subject to contributions:

- employment remuneration
- pensions from the statutory pension insurance (also from abroad)
- pensions (e. g. company pensions)  
These include the company financed part of capital payments from a direct insurance or an exempting life insurance.

- income from self-employment and
- all other types of income (e. g. accident pensions, pensions from a private life insurance or other contracts, income from capital assets, income from letting and leasing, maintenance payments, social welfare, settlements, privately financed capital payments).

Should you not know your employment income when starting self-employment, we provisionally calculate your contributions on the basis of an income that is estimated by you. As soon as your income situation has been ascertained, we shall recalculate the contributions from the start of the self-employment in retrospect.

#### Basis for the calculation

Should your gross earnings be lower than the statutory **minimum income**, the calculations will be calculated on the basis of this minimum amount. Otherwise, your actual types of income shall be taken as the basis in the statutory stipulated sequence until the upper income limit is reached.

Should your **spouse not be a member of a statutory health insurance company and his or her income should be higher than your own income**, then the upper income limit is to include the income of both of the spouses. An amount of one-third of the monthly reference amount is to be deducted from the income of your spouse for each joint child who is subject to support and for whom a special insurance exclusion for a family insurance does not exist. An amount of one-fifth of the monthly reference amount is to be deducted for children who are in the family insurance. The contribution is calculated on the basis of an addition of your own income and that of your spouse in succession. The calculated amount is then halved and taken into account up to a maximum of half of the upper income limit.

In the case of voluntarily insured **college students or vocational college students and students** who are enrolled at a **foreign** state or state recognised **higher education institution**, the contribution is calculated in the same way as with compulsory insured students (on the basis of the student assistance act (BAföG) needs amounts).

With regard to voluntary members, who are **self-employed in their main occupation**, the contribution assessment ceiling shall be considered the income subject to contributions. Upon presentation of **proof** of lower income, the basis for the calculation of the contributions shall be at least 75% of the monthly reference amount. For receivers of start-up subsidies, the income that is subject to contributions, shall be at least one sixtieth part of the monthly reference amount and shall be applicable as long as the actual income of the insured person does not exceed this minimum income limit. From the 1st of January 2018, there is a two-step contribution process. According to this, the contributions shall be finalised from receipts from the self-employed activity as well as income from rent and lease, based on the latest income tax assessment. These shall be initially taken for future calculations and shall then be determined after presentation of the income tax assessment for the respective calendar year, retrospectively – at the earliest from the 1st of January 2018. Under certain circumstances, this basis for the calculation of the contributions can be reduced for the future (not retrospectively), on the basis of an application. You will find more information regarding this in our separate „**Informationsbroschüre: Mit Plan ins neue Business. Eine Information für Selbstständige und Existenzgründer.**“ (Information brochure: Your plan to start a new business. Information for self-employed and start-ups), which is available for you. Aside from your income, the respective contribution rate is decisive for the contribution calculation.

The enclosed **Annex** provides you with information on

- the upper income limit
- the reference amount
- the minimum income and
- the contribution rates.

### **When and how are the contributions paid?**

The contributions are always due on the **15th day of the month following that for which they are due**. This means that the contributions are to be paid so that they are received by the KNAPPSCHAFT on the 15th day of the following month.

You can pay the contributions easily and comfortably by participating in the **SEPA direct debit procedure**. This saves you both time and additional costs. You will obviously also be kept informed on all changes to the calculation of the contributions.

As a **voluntary insured pensioner** you are entitled to a grant towards the costs of your health insurance. This contribution grant is available from your pensions insurance agency upon application. We can provide you with application forms.

Regarding **employee who** are voluntary insured **due to them exceeding the annual employment remuneration limit**, the employer can transfer the health insurance contributions to the KNAPPSCHAFT together with the other social insurance contributions. Your employer pays you a grant towards the health insurance and nursing care insurance contributions.

### **When is my voluntary membership terminated?**

Your membership is **terminated** when a **compulsory insurance comes into force** e. g. by you commencing an employment that is subject to a compulsory insurance or if you join the health insurance of the pensioner.

The voluntary insurance is otherwise only terminated if **you provide written notice of termination**. The period of notice is two full calendar months and is only valid if your membership has existed for a minimum period of 18 months.

**Exception:** Should there be an **entitlement to family insurance**, the voluntary insurance terminates upon **commencement** of the family insurance. This requires a corresponding notice of termination.

A binding period also does not have validity when changing to a private health insurance.

### **Why does a contributions report have to be made to the tax administration?**

In the scope of the German Citizens Relief Act for health Insurance, the health insurance companies need to meet certain reporting obligations towards the tax administration concerning the contributions that have been paid by the members. The paid contributions serve as specially allowed tax deductions and reduce the taxable income and therefore, the tax burden.

In its capacity as a health insurance company, the KNAPPSCHAFT reports the amount of the contributions its members paid for health and nursing care insurance during a calendar year, by 28 February of the following year. In connection with this, the reporting to the tax administration is only possible for those members who have consented to the data being transferred. The contributions payments are taken into account in your income tax return on the basis of the report. You are automatically provided with a printout of our report to the tax administration for your files.

The health insurance and nursing care insurance contributions you have paid cannot be fully taken into account in your income tax return should you not consent to the data transfer; you can then merely enter this in your return as lump sum other expenses of a provident nature.

Contributions and contribution grants that are paid or withheld by the employer or the pension insurance agency are transferred to the tax administration by the employer with the electronic income tax certificate or the pension insurance agency with the pension payment notification respectively, in an electronic form.

Reimbursed contributions and award payments (e. g. for the optional excess, benefits exemption or prosper/proGesund tariffs) or bonus payments made for a health-conscious behaviour are also to be reported. Contrary to this, the premiums that you pay for optional tariffs and additional insurance are not reported to the tax administration by mechanical means, however).

### **Can my spouse also join the KNAPPSCHAFT?**

Spouses who have health insurance cover with another health insurance company can obviously also join the KNAPPSCHAFT. Contact us! We can inform you of your benefits.

### **And the nursing care insurance?**

Voluntary members of the statutory health insurance are compulsorily insured in social nursing care insurance. For the contribution calculation, fundamentally, the same incomes, which are subject to health insurance contributions, are the basis for the nursing care insurance contribution as well. In addition, the remuneration from a mini job is also added for contributions to nursing care insurance.