

Registration for Students

Please include the latest study certificate

1. Personal data

Surname/first name		<input type="checkbox"/> male	<input type="checkbox"/> female	Nationality/marital status		Children: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes**	
Pensions insurance No./Date of birth		Name at birth*/Place of birth/country of birth			Tax Identification Number		
Address: Street/House number				Postcode/Town			
Second address				Email address/Telephone/Mobile number (voluntary information)			

* This information is only required if you do not have a pensions insurance number yet.

** Please enclose your birth certificate if we do not already have it on file .

2. Studies Data

Name/address of the higher education institution university of Würzburg		Subject area Winterschool lifelong	
Semester commences 01.02.-18.02.18			
<input type="checkbox"/> Matriculation/re-registration on		<input type="checkbox"/> The enrolment date is unclear, but will be prior to the beginning of the term	
Current subject-related semester 1	Anticipated end of studies <input type="checkbox"/> WS <input type="checkbox"/> SS 20__	I require a "BAföG" certificate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Insurance Data

(Please enclose suitable proof of the following data, e.g. contract of employment)

<input checked="" type="checkbox"/> I am/was insured until 31.01.2018		Health insurance PKV	
<input type="checkbox"/> I am/was last family insured with surname/first name/date of birth		until	
<input type="checkbox"/> Mother/Father		<input type="checkbox"/> Spouse	
<input type="checkbox"/> I am exempted from compulsory insurance as a student		Health insurer	
<input type="checkbox"/> The membership in the previous h.i. was terminated on		effective	
During my studies I am:	Start: _____ Weekly hours of work	End: _____ Monthly gross earnings	Type of internship: <input type="checkbox"/> compulsory <input type="checkbox"/> voluntary
<input type="checkbox"/> employed	Hour _____	EUR _____	Employer/type of business:
<input type="checkbox"/> self-employed			
<input type="checkbox"/> an intern			
<input type="checkbox"/> I receive other revenue or income as a	<input type="checkbox"/> pensioner, pension type _____	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Recipient of unemployment benefit/relief, subsistence allowance	<input type="checkbox"/> Civil servant	
	<input type="checkbox"/> Fixed-term soldier/professional soldier		

4. Family Data

no relatives

<input type="checkbox"/> Spouse	<input type="checkbox"/> privately ins. with _____	<input type="checkbox"/> statutory insured with _____	<input type="checkbox"/> family insured with _____
<input type="checkbox"/> Children	<input type="checkbox"/> privately ins. with _____	<input type="checkbox"/> statutory insured with _____	<input type="checkbox"/> family insured with _____

5. Bank connection

<input type="checkbox"/> I would like to take advantage of the benefits of the SEPA Direct Debit Scheme (see enclosure). The premium will automatically be deducted each month
<input checked="" type="checkbox"/> I pay the contributions for the semester in advance.

6. German Citizens' Relief Act: improved fiscal deductibility of contributions

I agree to my Tax Identification Number being obtained from the German Federal Central Tax Office unless it is already in possession of the AOK Bayern. The amount of your paid and reimbursed contributions shall be reported to the fiscal administration on an annual basis.

Please delete this box should you not agree.

7. Consent

I hereby consent to the AOK Bayern also processing and using my data for other purposes until further notice. This also includes member acquisition and in order to provide me with information on the AOK benefits, products and news in addition to information on supplementary private benefits provided by contractual partners to the AOK and to conduct member surveys. This consent is voluntary and is valid for contact in writing, by telephone, email and by text message and can be revoked at all times. I shall not suffer any disadvantages whatsoever should I not grant this consent or revoke it later. Under no circumstances shall the data be forwarded to third parties.

Yes, I consent!

I herewith confirm the accuracy of this information. I will provide notification regarding changes in the status of the insurance relationship or employment without delay.

AOK Bayern processing remarks:

Parenthood proven yes no

VA

Insurance start

BAföG-KZ

VB

Studium start

Fachinformatik

Date/signature of the applicant/legal representative

Data protection instruction: The above data are required for the insurance in the student health insurance and in order to determine the insurance and contribution liability in the social nursing insurance. Legal basis in the health insurance: § 284 (1) No. 1 & 3 SGBV [German Social Security Code, 5th Book] in conjunction with § 206 (1) No. 1 and 2 SGB V. Legal basis for the nursing insurance: § 94 (1) No. 1 and 2 SGB XI in conjunction with § 50 (3) SGB X