

**Yes, I want to become
a member of the BKK Pfalz
as of _____ (Date).**



Mrs.

Mr.

Mx.

Surname, First name

Date of birth

German Pension Insurance Number
(Rentenversicherungsnummer)

Street, Number

Postcode, City

Daytime Phone (important for queries)

Name of your employer

Employer's address

I am related to the employer/involved as a shareholder:

Yes

No

Name of previous health insurance company:

Type of previous health insurance cover:

Mandatory cover

Voluntary cover

Family cover

Private cover

Another country

Please send me an application for family cover.

Date, Signature:

In order to process your application, we require some personal data. We require your personal social data to properly process your application for you. The legal foundations for this requirement can be found in Paragraph 284 Social Security Code V and Paragraph 94 Social Security Code XI (SGB XI).