BKK Pfalz
Die freundliche Familienkasse

Application form for being co-insured – start of family insurance: _____ (date)

Last name of member: _____ **First name:** _____ **Date of birth:** _____

Member's general data

I am / I was
☐ self insured with the statutory health insurance
☐ co-insured
☐ not insured with a statutory health insurance company
at _____ Name of health insurance

Marital status of the member: ☐ Single ☐ Married ☐ Seperated ☐ Divorced ☐ Widowed ☐ Registered life partnership under the life-partnership law – LPartG (in this case please fill in information under „spouse")

My spouse
☐ is is co-insured with me
☐ is not health insured
☐ is a member of the following statutory health insurance:
☐ is health insured with a private health insurance company:
_____ Name of health insurance/private health insurance

Reason for inclusion in co-insurance:
☐ Beginning of my membership ☐ Birth of a child ☐ Marriage
☐ Termination of the dependent's previous own membership ☐ Other: _____

Phone number in case of queries: _____ (voluntary information).

Information about family members

The following data is generally only required for those relatives who are to be co-insured with us. **Deviating from this, we also need individual information about your spouse/life partner if only the co-insurance for your children is to be carried out with us.** In this case, additional to the general information, information of the insurance of the spouse/partner and – if the spouse/partner is not statutory health insured and is related to the children – about his income are required; here, the income has to be documented with proof of income and supplements for marital status cannot be counted to the information of income.

Please note that being a member in different health insurances at the same time, ist not possible. Therefore, please make sure with your information given, that double family insurance is excluded.

General information of the family members

	Spouse/partner	Child	Child	Child
Last name*				
* If the last name is different, please enclose a certificate of marriage or proof of parentage if you have not already done so.				
First name				
Gender (m = male, f = female, n = non-binary)	☐ (m) ☐ (f) ☐ (n)	☐ (m) ☐ (f) ☐ (n)	☐ (m) ☐ (f) ☐ (n)	☐ (m) ☐ (f) ☐ (n)
Date of birth				
Alternative address (only if it differs from the member's address)				
Relationship of member to child	_____	☐ Natural child ☐ Adopted child ☐ Stepchild ☐ Grandchild ☐ Foster child	☐ Natural child ☐ Adopted child ☐ Stepchild ☐ Grandchild ☐ Foster child	☐ Natural child ☐ Adopted child ☐ Stepchild ☐ Grandchild ☐ Foster child
Is the spouse/life partner related to the child?	_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Information on the insurance of family members

	Spouse/partner	Child	Child	Child
The previous insurance ☐ expired: ☐ was with (name of the statutory/private health insurance company):				
Type of previous insurance:	☐ Membership ☐ Co-insurance ☐ Private health insurance ☐ None	☐ Membership ☐ Co-insurance ☐ Private health insurance ☐ None	☐ Membership ☐ Co-insurance ☐ Private health insurance ☐ None	☐ Membership ☐ Co-insurance ☐ Private health insurance ☐ None
In case of a previous co-coverage, please name the name of the member who the co-insurance was with:	First name Last name	First name Last name	First name Last name	First name Last name
The previous insurance continues with: (name of the health insurance company)				

Further information about family members

	Spouse/partner	Child	Child	Child
Is anybody self-employed?	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Income from self-employment (monthly)	EUR	EUR	EUR	EUR
Gross wages from minor employment (mini job)	EUR	EUR	EUR	EUR
Do you receive unemployment benefits (ALG II)?	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Statutory pension, pension benefits, company pension, foreign pension, other pensions (monthly payment)	EUR	EUR	EUR	EUR
Other regular monthly income within the meaning of income tax law (e.g. Gross wages from more than minor employment, income from rent and lease or from capital assets)	EUR Type of income	EUR Type of income	EUR Type of income	EUR Type of income
School/study (Please enclose a current school or study certificate for children older than 23 years)		from to	from to	from to
Military, civil or voluntary service (Please enclose a certificate)		from to	from to	from to

Please enclose receipts!

Information the assignment of a health insurance number for relatives with co-insurance

	Spouse/partner	Child	Child	Child
Own pension insurance number				
The following information is only required if no pension insurance number has yet been assigned.				
Name of birth				
Place of birth				
Country of birth				
Nationality				

I confirm the accuracy of this. I will inform you immediately about changes. This applies in particular if the income of my relatives changed (e.g. new income tax assessment for self-employment) or they become members of (another) health insurance company.

Place and date

Signature of the member

Signature of co-insured member

With my signature, I declare that the above named family members agree with submitting the required data.

In the case of co-insured members living separately, the signature of the co-insured member is sufficient.

Data protection notice: The data is collected on the basis of legal provisions and is necessary for the performance of the tasks of the BKK Pfalz. Further information on data protection and data processing in accordance with Article 13 DSGVO is available at: www.bkkpfalz.de/datenschutz-und-informationsfreiheit.

Important information about family insurance

Who can be co-insured on a non-contributory basis?

- Married and same-sex partners as defined by the LPartG [registered partner law]
- Biological children
- Foster children who live with the foster parents
- Adopted children or children who are going to be adopted and are already in the care of the adoptive family
- Stepchildren and grandchildren

Children are insured

- until they reach the age of 23 (1 day before their 23rd birthday) if they are not gainfully employed.
- until they reach the age of 25 (1 day before their 25th birthday) if they attend school/university full-time. Please enclose a current school or study confirmation.

An extension beyond the age of 25 is possible if the child
has completed statutory basic military or civilian service by 30 June 2011
or took part in statutory voluntary service from 1 July 2011 and this service interrupted or delayed school or vocational training. The family insurance is extended for the duration of the service, but for a maximum of 12 months. In this case, please enclose a confirmation of length of service.

Stepchildren or grandchildren are also insured if they live and are cared for in the stepparent's/grandparent's household.

If the stepchildren or grandchildren do not live in the household, proof must be provided that they are financially supported (e.g. proof by bank statements).

Exception: If a stepchild or grandchild has additional accommodation, e.g. because they are studying, free of charge insurance can be taken out if they are still part of the household.
For the assessment, we require an additional questionnaire completed by you, which we will be happy to send you.

In the case of grandchildren, the additional assessment is not required if one of the child's parents also has family insurance.

Income of family members is taken into account
You can only be insured free of charge if your income is below a certain monthly amount. For 2025, this limit is €535.00 per month. If you have a part-time job, the monthly limit of € 556.00 applies. Always enclose appropriate proof of income.

Income includes:

- Income from employment
- Income from self-employed activity
- Income from renting or leasing
- Income from capital assets (e.g. interest and dividends)
- Taxable alimony payments
- Annuities (including pensions and foreign pensions)
- Other income

If your family member is self-employed, we require further information (e.g. weekly time committed to self-employment). We will be happy to send you a corresponding questionnaire for this information.

Special case: One parent does not have statutory health insurance

If the income of the non-statutorily insured parent exceeded the limit of €6,150.00 per month in 2025, family insurance is not possible.

Unless the parent insured by BKK Pfalz earns more than the privately insured parent. Then non-contributory family insurance is possible.

Please enclose your spouse's current tax statement or proof of income for verification.

Other important notes:

Unemployment benefit II
Since 1 January 2016, recipients of unemployment benefit II have no longer been able to take out family insurance. As a rule, this applies to all persons of working age from the Age of 15. They are insured independently with BKK Pfalz or another statutory health insurance company via the job centre or employment agency.
Do you have any questions? Call us at 0800 / 133 33 00. We would be happy to advise you!

Separate domiciles
If you have separate domiciles, please always state the current address of your family members.

Different surnames/marriage
For spouses and children who do not have the same surname as the member, we require a copy of the marriage or birth certificate. The same applies to name changes during the family insurance period.

Divorce
As long as the other requirements for family insurance are met, spouses are co-insured until the divorce is final. In the event of a divorce, please send us a copy of the judgement (with the final judgement).

Please inform BKK Pfalz immediately of any changes that may affect your family insurance so that we can always ensure that your family members have up-to-date insurance cover.

Irrespective of this, we are obliged to regularly check whether the family insurance can continue to be provided. This usually takes place once a year. You will then receive a questionnaire from us to assess your family insurance.

Thank you very much for filling in the form and for your help!