Mobil
BETRIEBSKRANKENKASSE

Membership application for employees

Please send your answer to this address
Betriebskrankenkasse Mobil Oil
Vertriebs-Center
20091 Hamburg

Alternatively, simply fax this page together with your confirmation of cancellation to

0800 255 3002-9840

Please complete in block capitals

I wish to be covered by BKK Mobil Oil with effect from

				2	0		

My details: ☐ Male ☐ Female

Surename _____

First name _____

Street _____

Town, postcode _____

Country _____ Date of birth _____

Email _____

Martial status _____

Tax identification no. (if known)

Social insurance no

Health insurance no

If you do not have a pension scheme number, then we need the following details:

Country and place of birth _____

Maiden name _____

Nationality

During the last 18 month, I was insured in

☐ family insurance ☐ compulsory insurance

☐ voluntary insurance ☐ private insurance

☐ abroad

If your insurance was on a mandatory or voluntary basis, we require confirmation of cancellation from your last health insurance company.

☐ The confirmation of cancellation is enclosed.

☐ The confirmation of cancellation will be sent later.

☐ Please send me guidance on cancellation.

Your employer

Company registration no. _____

Name _____

Street _____

Town, postcode _____

Telephone number _____

☐ compulsorily insured employee

☐ voluntary insured employee
Please note: Income from 69.300,00 Euro per year in 2024

I also receive
☐ unemployment benefit I ☐ Bürgergeld

☐ self-employment income ☐ a pension

☐ I would like my family members to be insured without paying additional contributions.
You will receive a family insurance application form within the next days.

Details Agent

Agent _____

Agent number _____

Confirmation of details
Date _____

Signature (If relevant, the legal guardian) _____

Please note: Provided you have belonged to a health insurance scheme during the past 18 months, when you become a member of BKK Mobil Oil health insurance you also automatically receive long-term nursing care cover. We require your personal details in order to comply with our legal obligations as a health insurer. These details are gathered in accordance with the German Social Security Code (Sozialgesetzbuch) and will be held on storage media. Your personal data will be treated as strictly confidential and are protected under the Data Protection Act. If you do not become a member of our insurance scheme, we will immediately delete any personal data we hold on you.