

## 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**

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<b>My details:</b> <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>							
Surname _____							
First name _____							
Street _____							
Town, postcode _____							
Country _____				Date of birth _____			
Email _____							
Marital 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 _____							

### Your employer

Company registration no. \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Town, postcode \_\_\_\_\_

Telephone number \_\_\_\_\_

- compulsorily insured employee
- voluntary insured employee
- Please note: Income from 73.800,00 Euro per year in 2025

- 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.

<b>Details Agent</b>	
Agent _____	
Agent number _____	

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.

<b>Confirmation of details</b>	Signature (If relevant, the legal guardian)
Date _____	_____

**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.