

**Become a fan |** Would you like to be regularly informed about health topics as well as our services and EXTRAS?  
Then follow us on Facebook:  [www.facebook.com/bahnbkk](https://www.facebook.com/bahnbkk)

**Service guaranteed – even on weekends.**

We are happy to advise you daily from 8 am to 8 pm. Free of charge.

 0800 22 46 255 (German)  
 [service@bahn-bkk.de](mailto:service@bahn-bkk.de)  
 [www.bahn-bkk.de](http://www.bahn-bkk.de)



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The logo for BAHN BKK, featuring the word "BAHN" in black and "BKK" in yellow, with a yellow swoosh underneath.

A photograph of two young women with dark hair, one with curly hair, blowing colorful confetti into the air. They are wearing light-colored t-shirts. The background is bright and slightly blurred.

**WE'RE HAPPY TO  
WELCOME YOU**

# Answers to important questions about your membership

## **When can I become a member of BAHN-BKK? |**

Are you taking up a new job or is your insurance status changing? Then you can become a member of the BAHN-BKK as soon as your status changes. Simply fill out the membership declaration, inform the reporting office (employer, employment office or similar) and we take care of the rest. Your status is not changing and you have already been a member of your current health insurance fund for 12 months without interruption? Then you can also start a membership with us.

You can find more information on our website:

🌐 [www.bahn-bkk.de/wechsel](http://www.bahn-bkk.de/wechsel). Please note that our website, all further media and the customerservice are in German.

**Our tip |** Insure your children with BAHN-BKK at the same time to enjoy healthcare service around from a single source.

We will be happy to send you our "Family Insurance Questionnaire".

## **Which companies belong to the transport sector? |**

We include this question because BAHN-BKK specialises in the transport sector and offers companies here many interesting options for workplace health promotion. The transport sector includes all companies that build, operate, maintain or market railways, buses, trucks, aircraft and inland waterway vessels.

**What if I am a higher paid employee? |** If you are an employee and exceed the annual earning limit, you are voluntarily insured. Your employer will inform you of this. In this case, we will ask you for further information.

**What if I have a mini-job? |** Marginal employment up to 450 euros is exempt from insurance. In this case, you are eligible for free family insurance. If this is not possible, please complete a voluntary membership declaration.

**What if I am self-employed? |** Then you are voluntarily insured with BAHN-BKK. Just fill in the declaration of membership below. We will then contact you with a request for further details.

**Why the question about children? |** Insured persons who do not have children may have to pay a supplementary contribution to long-term care insurance. If you have children, any official document will suffice as proof, for example a copy of the birth certificate.

**Why must I provide my bank details, mobile phone number and e-mail address? |** The more complete our records, the better and faster we can serve you. We can provide you with specific and uncomplicated information and easily transfer sickness benefits or reimbursements. And don't worry: Providing the bank details is not a SEPA direct debit mandate.

## **When will I receive my BAHN-BKK electronic health card? |**

You will receive a letter from us, asking you to send us a passport photo. We need this in order to issue you with an electronic health card (eGK). Please wait for our photo request and do not send us a single passport photo, as this cannot be clearly assigned. Alternatively, you can send us a photo via our photo service.

For more information, see:

🌐 [www.bahn-bkk.de/lichtbildservice](http://www.bahn-bkk.de/lichtbildservice)

**Do you have any questions? |** The BAHN-BKK Team will gladly advise you **daily from 8 a.m. to 8 p.m.** under the free hotline ☎ **0800 22 46 255** (German).

# Declaration of Membership



I want to become a member of BAHN-BKK from

male  female  diverse  
Name / birth name First name

Street, house number Postcode Town

Phone, mobile number\* Email\*

Date of birth Birthplace Nationality Marital status

Pension insurance number (See social security card) Health insurance number (You can find this on your health card.)

## Employment relationship or insurance basis (multiple selection possible)

I am an employee.  I am a trainee.

The address of my employer according to my employment contract:

Transport sector:  yes  no  
Company, branch of business

Street, house number Postcode Town

Telephone, fax Start of employment My monthly gross income (in EUR)

- I am voluntarily insured. (I am aware that I have to pay the contributions myself, unless my employer transfers the contribution directly)
- I am self-employed.  I am an artist or a publicist.
- I am a student.  I am not employed.
- I have been receiving a statutory pension since  (A copy of the pension certificate is attached.)
- I have been receiving a foreign pension since  (A copy of the pension certificate is attached.)
- I applied for a pension on  at
- I am entitled to assistance.
- I have received benefits from the Federal Employment Agency (Bundesagentur für Arbeit) / Jobcenter since   
(A copy of the granting decision is attached)
- I am currently uninsured. (A copy of the membership certificate of my last health insurance company is attached)
  - I was until  legally insured with
  - I was until  privately insured
  - I had neither statutory nor private insurance.

## Family insurance (details of family members)

I have children.  I would like to insure my family without any additional premium

## Previous health insurance

I was last insured with (name of health insurance company/office):

- as a compulsorily insured person.  as a voluntary member.  as a family member.
- I was last privately insured and enclose the documentation for the last 5 years.
- The membership with my previous health insurance company lasted 12 months without interruption.

## Bank details\*

Account holder Financial institution

IBAN BIC

## Your contact person

Name

- Yes, I am interested in supplementary health insurance. BAHN-BKK may only pass on my address data and telephone number to my regional DEVK agency for this purpose. I will be contacted from there about this. I can revoke my consent in writing at any time.
- Yes, BAHN-BKK may inform me by telephone and e-mail about innovations and services. I can revoke my consent in writing at any time.

Date

The information is required by law for the determination of the insurance relationship and membership (Sections 5, 206, 284, 289 SGB (Social Security Code) V, Sections 20, 21, 50, 94, 99 SGB XI). For more information on the processing of your data and your rights under the General Data Protection Regulation (GDPR), please visit our website at [www.bahn-bkk.de/datenschutz](http://www.bahn-bkk.de/datenschutz).  
\* The information on telephone, mobile phone, e-mail and bank details is voluntary, but helps us to process your requests more quickly. All data is stored on data carriers, treated confidentially and is subject to data protection. We would also be happy to send you this information. Please call us on our free service number: ☎ 0800 22 46 255. You can reach us daily from 8 am to 8 pm