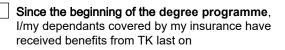
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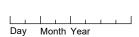
Surname, first name:			
Street, no.:		T	
Postal code, city:		Die Techniker	
Insurance number:		Technikei	
Deutsche Post ANTWORT			
Techniker Krankenkasse			
20901 Hamburg			
Application for exemption from	Please tick all that apply and complete the form.		
statutory health insurance co	over		
Note:	Exception: If you receive benefits from the Agentur für Arbeit [Federal Employment Agency] or you are a farmer or artist, you will be subject to compulsory insurance. Students become subject to compulsory insurance if their employment prevails in		
■ The application must be submitted within 3 months af			
 insurance cover. The exemption will also apply for other health insuran Until the reason for the current exemption is eliminate 			
 Until the reason for the current exemption is eliminated, no compulsory insurance cover will be possible due to other circumstances. The exemption will also exclude non-contributory dependants' insurance. 			
 The exemption cannot be revoked. 	ondante medianes.		
Information about exemption		Important note: an exemption from	
I would like to be exempt from compulsory health insurance cover, starting on		compulsory health insurance cover is only possible if you have health insurance cover elsewhere. Please include evidence with	
My date of birth	Day Month Year	your application, e.g. a confirmation from your private health insurance.	
I began/will begin my degree programme on	Day Month Year		
i began/will begin my degree programme on	1 1 1		
	Day Month Year		
Name of university/Fachhochschule [university of applied sciences]	Day Month Year		
Name of university/Fachhochschule [university of applied sciences] Line in the science of the s	Day Month Year		



e.g. medical or dental examinations, prescribed medication



Information about benefits received so far



following details	
Telephone	optional information
E-mail	optional information
Date, signature (minors require signature of parent or legal guardian) We require your personal information (social data) to complete our work for you correctly. The relevant legal grounds for this are Section 284 SGB V [German Social Code, Book V] and Section 94 SGB XI [German Social Code, Book XI]	Your signature confirms that the information you have provided is correct. Please inform us about any changes as quickly as possible
Our special service for you: We offer you assistance and advice during your degree programme or if you take up a new employment.	
I hereby agree to allow TK to use my provided data to inform me about the advantages of a TK membership during my degree programme or if I take up an employment. TK may contact me by telephone or via e-mail.	optional information
My degree programme is expected to end on Day Month Year	
Note: Your consent is voluntary. You can revoke it, with effect for the future, at any time without stating the reasons. Please send your revoking consent in writing to: Techniker Krankenkasse, Bramfelder Str. 140, 22305 Hamburg, e-mail: mkm@tk.de.	
You are entitled to the following rights vis-à-vis TK: Right of access by the data subject, Right to rectification, Right to restriction of processing, Right to erasure. In such cases, please contact: Techniker Krankenkasse, Beauftragter für den Datenschutz, Bramfelder Straße 140, 22305 Hamburg, e-mail: datenschutz@tk.de.	
Good to know: Your data is protected by the special requirements of the Sozialgesetzbuch [German Social Code] for this service. Further information about TK's data processing is abailable at tk.de/en , search code 2033786 . TK will not forward this information to third parties.	
Date, signature (minors require signature of parent or legal guardian)	Your signature confirms that the information you have provided is correct. Please inform us about any changes as quickly as possible

In the event of questions please help us by providing the

