

INCOME QUERY



for the membership declaration dated

PERSONAL DETAILS

Surname First name(s)

Date of birth Health insurance number

Your tax identification number If you do not know your tax identification number, please contact your responsible tax office.

DETAILS ABOUT FAMILY STATUS

unmarried
 married
 living separately
 divorced
 widowed
 registered civil partnership

My spouse is covered by statutory health insurance
 covered by private health insurance

with

Do you have children? yes (please enclose a copy of the birth certificate)
 nein

My children are covered by health insurance with:

DETAILS ABOUT TOTAL INCOME/FINANCIAL MEANS

Please complete all fields and attach evidence!

Please read the enclosed information sheet for assistance on completing this section.

	Type of income	Evidence	Gross amount monthly
1.	Income from self-employed activity Weekly workload in hours <input type="text"/>	Last income tax assessment	<input type="checkbox"/> yes, in the amount of <input type="text"/> euros
2.	Income from employment Weekly working time in hours <input type="text"/>	Wage/salary slips including one-off payments and non-cash benefits	<input type="checkbox"/> yes, in the amount of <input type="text"/> euros
3.	Pension(s); foreign pension(s)	Pension notice/benefit notice including one-off payments	<input type="checkbox"/> yes, in the amount of <input type="text"/> euros
4.	Occupational pension benefits	Evidence of current/one-off payments	<input type="checkbox"/> yes, in the amount of <input type="text"/> euros
5.	Rents/leasing income	Last income tax assessment	<input type="checkbox"/> yes, in the amount of <input type="text"/> euros
6.	Interest income	Interest statements/account statements	<input type="checkbox"/> yes, in the amount of <input type="text"/> euros
7.	Social welfare	Social welfare assessment	<input type="checkbox"/> yes, in the amount of <input type="text"/> euros
8.	Maintenance from former spouse/parents etc.	Please enclose evidence	<input type="checkbox"/> yes, in the amount of <input type="text"/> euros
9.	Other income/financial means	See information sheet	<input type="checkbox"/> yes, in the amount of <input type="text"/> euros
10.	Details about livelihood: My income lies below the minimum income; I contest my livelihood by (please state type and amount of income):	See information sheet	<input type="checkbox"/> yes, in the amount of <input type="text"/> euros Type: <input type="text"/>

DETAILS ABOUT CONTRIBUTION PAYMENT

Self-payer
 Direct debit (Please complete a SEPA direct debit mandate.)
 Transfer by employer

My details are complete and correct. I will promptly inform BKK-VBU about any changes that occur in the future.

Date, signature

Data protection notice: Your data is required for the fulfilment of the statutory tasks of the health insurance fund in accordance with Section 284 (1) of the German Social Code (Sozialgesetzbuch – SGB) Book V or Section 94 SGB Book XI. You are obliged to disclose this data in accordance with Section 206 SGB V or respectively Section 50 SGB XI. We are required to provide the nursing care fund we have set up with the data required for task fulfilment in accordance with Section 50 SGB XI. The disclosure of a telephone number is voluntary..

EINKOMMENSANFRAGE



zur Mitgliedschaftserklärung zum

ANGABEN ZUR PERSON

Name Vorname(n)

Geburtsdatum Krankenversichertennummer

Ihre Steueridentifikationsnummer Sollten Sie Ihre Steueridentifikationsnummer nicht kennen, wenden Sie sich an Ihr zuständiges Finanzamt.

ANGABEN ZUM FAMILIENSTAND

ledig verheiratet getrennt lebend geschieden verwitwet eingetragene Lebenspartnerschaft

Mein Ehegatte ist gesetzlich krankenversichert privat krankenversichert

bei

Haben Sie Kinder? ja (bitte die Kopie der Geburtsurkunde beifügen) nein

Meine Kinder sind krankenversichert bei:

ANGABEN ZU DEN GESAMTEINNAHMEN/GELDMITTELN

Bitte vollständig ausfüllen und Nachweise beifügen!

Hinweise hierzu entnehmen Sie bitte dem beigelegten Informationsblatt.

	Einkommensart	Nachweise	Bruttobetrag monatlich
1.	Einkommen aus selbstständiger Tätigkeit wöchentlicher Aufwand in Stunden <input type="text"/>	letzter Einkommensteuerbescheid	<input type="checkbox"/> ja, in Höhe von <input type="text"/> Euro
2.	Einkommen aus einer Beschäftigung wöchentliche Arbeitszeit in Stunden <input type="text"/>	Lohn-/Gehaltsbescheinigungen inkl. Einmalzahlungen und Sachbezüge	<input type="checkbox"/> ja, in Höhe von <input type="text"/> Euro
3.	Rente(n)/Pension; ausländische Rente(n)/Pension	Rentenbescheid/Bezügemitteilung inkl. Einmalzahlungen	<input type="checkbox"/> ja, in Höhe von <input type="text"/> Euro
4.	Versorgungsbezüge (Betriebsrente(n))	Nachweis über laufende/einmalige Zahlungen	<input type="checkbox"/> ja, in Höhe von <input type="text"/> Euro
5.	Mieten/Pachteinnahmen	letzter Einkommensteuerbescheid	<input type="checkbox"/> ja, in Höhe von <input type="text"/> Euro
6.	Zinseinnahmen	Zinsbescheinigungen/Kontoauszüge	<input type="checkbox"/> ja, in Höhe von <input type="text"/> Euro
7.	Sozialhilfe	Sozialhilfebescheid	<input type="checkbox"/> ja, in Höhe von <input type="text"/> Euro
8.	Unterhalt des früheren Ehegatten/Eltern usw.	bitte Nachweis beifügen	<input type="checkbox"/> ja, in Höhe von <input type="text"/> Euro
9.	Sonstige Einkünfte/Geldmittel	siehe Informationsblatt	<input type="checkbox"/> ja, in Höhe von <input type="text"/> Euro
10.	Angaben zum Lebensunterhalt: Meine Einnahmen liegen unter dem Mindesteinkommen, ich bestreite meinen Le- bensunterhalt durch (bitte Art und Höhe der Einnahmen angeben):	siehe Informationsblatt	<input type="checkbox"/> ja, in Höhe von <input type="text"/> Euro Art: <input type="text"/>

ANGABEN ZUR BEITRAGSZAHLUNG

Selbstzahler Lastschrift (Bitte ein SEPA-Lastschriftmandat ausfüllen.) Überweisung durch den Arbeitgeber

Meine Angaben sind vollständig und zutreffend. Über später eintretende Veränderungen werde ich die BKK-VBU sofort verständigen.

Datum, Unterschrift

Datenschutzhinweis: Ihre Angaben sind zur Erfüllung der gesetzlichen Aufgaben der Krankenkasse nach § 284 Abs. 1 SGB V bzw. § 94 SGB XI erforderlich. Zur Mitteilung sind Sie nach § 206 SGB V bzw. § 50 SGB XI verpflichtet. Wir haben bei der uns eingerichteten Pflegekasse die für die Aufgabenerfüllung erforderlichen Daten gemäß § 50 SGB XI zur Verfügung zu stellen. Angaben zur Telefonnummer sind freiwillig..

INFORMATIONEN REGARDING THE INCOME QUERY



What income do you have to declare?

Bitte geben Sie alle Einnahmen an, die Ihre wirtschaftliche Leistungsfähigkeit widerspiegeln.

When do we need your supporting documents?

Please submit to us the supporting documents required as evidence for assessment of your contribution upon request. Please **promptly** submit any changes to your income situation that are significant for assessment of your contribution, **regardless** of the annual income query by BKK·VBU.

What supporting documents do we need for the assessment?

> Self-employed persons / freelancers

Most recent income tax assessment

Alternatively: information on the amount of expected income (conscientious estimation, business information or similar), approval notice for the start-up grant or the integration bonus from the job centre

> Business founders

Information on the amount of expected income (conscientious estimation, business information or similar), approval notice for the start-up grant or the integration bonus from the job centre

> Day care providers (child minders)

Most recent income tax assessment

Alternatively: care-giving contracts from the provider or private contract for each child, receipts for subsequent payments

> Income from non-self-employed activity

Salary/wage slip including one-off payment such as holiday/Christmas bonus

> Civil servants / retirees / soldiers

Current income certificate including one-off payments such as holiday/Christmas bonus

> Pensioners / benefit recipients

Current adjustment notice of the paying entity or account statement that verifies the amount of the benefit payment

> Income from leasing

Most recent income tax assessment

alternatively: rental contracts, account statements

> Capital income / interest income

Most recent income tax assessment

Alternatively: interest statements, account statements, receipts for income-related expenses (above the EUR 51 allowance)

> Social welfare recipients

Social welfare assessment

> Homemakers

Spouse privately insured: current evidence of income for the spouse including one-off payments

Divorced: evidence of the amount of maintenance from the divorced spouse

Unmarried: if maintenance is ensured exclusively by the partner or another person, a credible declaration with the signature of the relevant person shall suffice

> Pupils / students / under-age children

School or enrolment certificate, evidence of means for maintenance

In case of under-age children without their own income, no separate declaration from the parents is necessary

> Other persons

Evidence of means for maintenance, such as assessment / contract / agreement / social plan or

documents on settlement, compensation or similar, early retirement benefit, European social fund, vocational training support, student support (BAföG), marginal employment

All persons are also required to submit the amount of any further income for maintenance.

What are the consequences of failure to cooperate?

If we do **not** receive your evidence of income, we are obliged by law to demand the maximum amount when assessing the contribution. If you submit the evidence at a later date, this can **only** result in a correction of the contribution assessment **with effect for the future**.

meine-krankenkasse.de