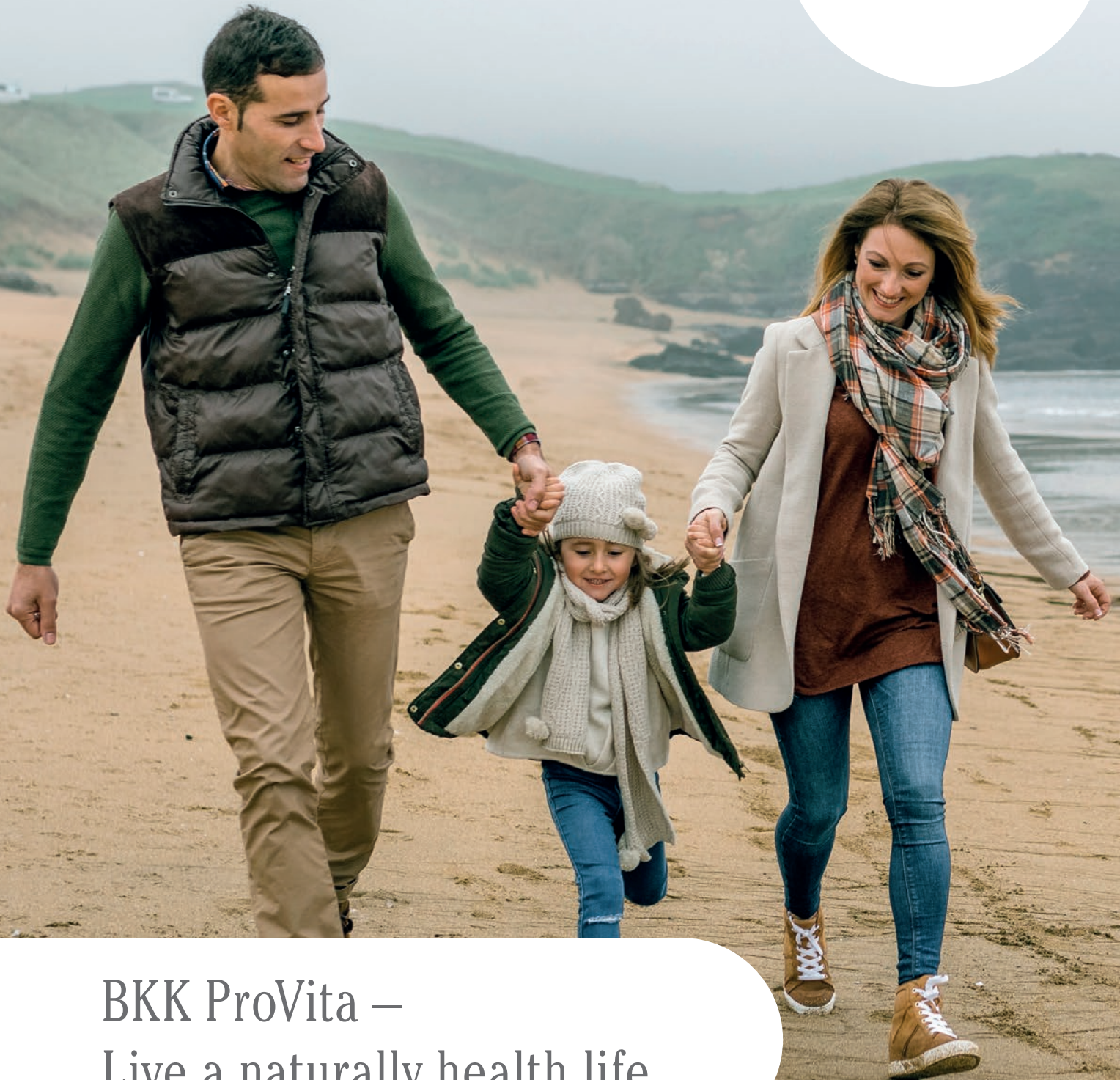




BKK
ProVita

Die Kasse fürs Leben.



BKK ProVita –
Live a naturally health life.

Sustainable. Holistic. Conscious.

www.bkk-provita.de

Health starts in yourself. Become a member of
BKK ProVita – The Health Insurance for your Life.

Rewards and Bonus Benefits

Benefit of up to
EUR 200

BKK TarifPlus: You need little to none benefits? We refund a part of your contributions under our selective tariff.

Our bonus programmes BKK BonusVorsorge and BKK BonusPlus reward your health-conscious behaviour – and apply even to children.

Benefit of **EUR 5**
for each measure

BKK BonusVorsorge: You receive a monetary bonus of EUR 5 for each preventive health measure you take (e.g. dental care, medical examinations, etc.). And you will even receive EUR 20 for each preventive examination for children (U or J examinations).

Benefit of up to
EUR 200

BKK BonusPlus: You may choose between a monetary bonus of up to max. EUR 100 or a bonus of up to EUR 200 for a specific purpose. Use such special-purpose bonus, e.g., for professional tooth cleaning, sports clubs and fitness studios, lenses, contact lenses and many more, and BKK ProVita will reimburse your charges.

Being active wins

Benefit of up to
EUR 150

BKK PräventionPlus: Enjoy an ideal combination of preventive health measures and relaxation in one of our exclusive partner hotels. Book our preventive trips and you will receive a bonus of up to EUR 150, if you successfully participate in our health programme under Sec. 20 of the SGB V (German Social Security Code Volume V).

Benefit of up to
EUR 220

Health courses: We share the costs for courses such as Yoga, Nordic Walking & Co: we will reimburse EUR 220 (max. 80% of the costs) per year for up to two health courses that are certified pursuant to Sec. 20 of the SGB V.

Extra services

Homeopathy: We assume the costs for homeopathic treatments with 1,400 doctors all over Germany.

Alternative medicines: We share the costs for alternative medicine offered by homeopathy, anthroposophy and phytotherapy (e.g. globules, Sinupret®, Calmvalera, Meditonsin® and Schuessler salts).

Osteopathy: We share the costs for osteopathic treatments.

Acupuncture: The costs for acupuncture treatments can be billed directly with your Health Card, if you suffer from lower back complaints or arthrosis in a knee joint.

Travel protection: We share in the costs for protective vaccinations that are recommended for the countries you wish to visit.

I wish to become a member!

beginning from

Headquarters:
Münchener Weg 5
85232 Bergkirchen (GADA)
T 08131/6133-0
F 08131/6133-2290



Toll-free hotline:
0800/6648808

Die Kasse fürs Leben.

info@bkk-provita.de
www.bkk-provita.de

Newsletter yes no

Personal data	Name		Date of birth	Place of birth		
	First name		Birth name, if appropriate	Country of birth		
	Street, no.		Marital status	Nationality		
	Post Code	Place	<input type="radio"/> I apply for a social security card.		Gender <input type="radio"/> m <input type="radio"/> f <input type="radio"/> d	
	Phone / mobile phone no.*		Bank Details <input type="radio"/> for reimbursing benefits only		<input type="radio"/> for debiting contributions	
	Email*		IBAN			
	Social security number		BIC	Name of the bank		

Employee / benefit recipient	I am a(n)				
	<input type="radio"/> employee	<input type="radio"/> apprentice	<input type="radio"/> seasonal employee	<input type="radio"/> working student	<input type="radio"/> marginally employed person
<input type="radio"/> recipient of unemployment benefits <input type="radio"/> recipient of unemployment benefits II					

Employee / benefit recipient	Please enter the following data of your employer / employment agency / Job Centre:		more information on the employment		
	Name		employed since	weekly working time	
	Street, no.		<input type="radio"/> I exercise another occupation.		
	Post Code		<input type="radio"/> I am related to the employer.		
	Place		<input type="radio"/> I hold a % share in the company.		
Customer number for benefit recipients		<input type="radio"/> My income is above the annual pay limit.			
Benefits receives since					

Other income / groups of persons	<input type="radio"/> Self-employed person in main, side-line occupation (complete page 2, item 1.1. + 1.2.)	<input type="radio"/> Artist, publicist pursuant to the German Social Security Act for Artists	<input type="radio"/> School student (complete page 2, item 1.2., attach student ID)	<input type="radio"/> Pension recipient (complete page 2, item 1.3.; in case of a voluntary insurance, complete item 1.2.)	<input type="radio"/> Recipient of benefits (complete page 2, item 1.3.; in case of voluntary insurance, complete item 1.2.)	<input type="radio"/> Pension application (complete page 2, item 1.2.)
	<input type="radio"/> Student (attach enrolment certificate)	<input type="radio"/> Civil servant (in retirement) (complete page 2, item 1.2.)	<input type="radio"/> Unemployed person (complete page 2, item 1.2.)	<input type="radio"/> Homemaker (complete page 2, item 1.2.)	<input type="radio"/> Recipient of social welfare (complete page 2, item 1.2.)	

Other information	Former insurance <input type="radio"/> obligatory insurance <input type="radio"/> voluntary insurance <input type="radio"/> insurance as family member <input type="radio"/> private health insurance <input type="radio"/> insured in a foreign country					
	Insurance held with _____ from _____ to _____					
	<input type="radio"/> I was exempted from being health insured. Please attach proof.					
	My spouse / life partner (pursuant to the LpartG (German Life Partner Act)) <input type="radio"/> is member of a statutory health insurance <input type="radio"/> is member of a private health insurance					
<input type="radio"/> I have family members whom I wish to be covered, free of charge. Please complete the application on page 3.						

What are reasons for you to be interested in us?*	<input type="radio"/> Natural medicine	<input type="radio"/> Sustainability	I was recruited by:		
	<input type="radio"/> Osteopathy	<input type="radio"/> Herbal medicine			
	<input type="radio"/> Nutrition	<input type="radio"/> Bonus programme			

How did you become aware of us?*	<input type="radio"/> Website	<input type="radio"/> Newspaper / radio	<input type="radio"/> Trade fair	<input type="radio"/> Service provider
	<input type="radio"/> Employer	<input type="radio"/> Social media channels	<input type="radio"/> Family / friends	<input type="radio"/> Internet portals / forums

<p>Data protection notice: We need to collect your personal data (social data) to lawfully meet our requirements (Sec. 284 of the Social Security Code (SGB) Vol. V, Sec. 94 of the SGB XI). You are obliged to provide the requested data pursuant to Sec. 206 of the SGB V and Sec. 50 of the SGB XI. Voluntary information is identified as such. We confirm that your personal data will exclusively be used for fulfilling our duties. For detailed notes and information on data protection, please visit www.bkk-provita.de/datenschutz.</p>	<p>Consent: I hereby give my consent that BKK ProVita may process and use the data I provided herein to inform and consult me on the benefits and news of BKK ProVita and on private additional insurances offered by BKK ProVita contract partners and to be able to perform opinion research, including by email or phone. This consent is given voluntarily and can be withdrawn at any time.</p>
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Place and date	Signature
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* voluntary information

Important information on the classification for premium calculation

Item 1.1. Self-employed persons (please attach a copy of your business registration)

I exercise <input type="radio"/> a self-employed activity as my main occupation <input type="radio"/> a self-employed activity as my side-line occupation	since	as	weekly working time
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Number of employees	The remuneration of all employees exceeds the marginality limit (pursuant to Sec. 8 (1) no. 1 of the SGB IV) <input type="radio"/> yes <input type="radio"/> no
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I select statutory sickness benefit against payment of general contributions. the selective tariff for sickness benefit and ask for more information.

in case of self-employed activities as side-line occupation (exercised for less than 20 hours per week): My income from self-employed activities is my only income I receive support for my cost of living from (e.g. support from spouse, life-partner, parents in form of free accommodation and catering or other income, such as e.g. maintenance, child benefit)

Item 1.2. Statement on income for voluntary insurance / pension applicants

(Type and amount of income)

of the insured person

of the spouse / life partner (LpartG)
(if they are not insured in a statutory insurance)

	EUR per month	EUR per year	EUR per month	EUR per year
Income from self-employed activity, sales proceeds, participating shares Please attach the latest income tax notice.				
Income from employment (gross wage / gross salary, benefits in kind, commissions, part-time retirement salary or the like) Please attach a salary statement.				
One-off payments (e.g. holiday or Christmas bonus) Please attach proof.				
Pension payments (e.g. old-age, survivor's and accident, foreign pensions) Please attach a copy of the pension information notice.				
Other benefits (e.g. pensions for civil servants, corporate or additional pensions) Please attach a copy of the notice.				
Official remuneration as civil servants Please attach a copy of the remuneration notice.				
Income from renting, leasing Please attach the last income tax notice.				
Income from capital assets without deduction of any savings allowance or flat-rate for income-related expenses Please attach the latest income tax notice.				
Other income for ensuring the livelihood (not including child benefits and housing allowance), maintenance				
Livelihood support (e.g. social welfare, basic income) Please attach a notice.				
Foundation allowance from the Employment Agency Please attach a notice.				
Severance payment due to end of employment Please attach the agreement.				
Other income / livelihood is ensured by:				

Information for the care insurance. Do you have children? German Act on the Consideration of Children (KIBG) no yes Please attach proof.

Item 1.3 Income Statement for Pensioners

(Type and amount of income of the policy holder)

Please identify applicable parts with a cross!

EUR per month

EUR per year

	<input type="radio"/> no	<input type="radio"/> yes, amount:		
Pension (e.g. old-age, survivor's and accident pension) Please attach a copy of the pension information notice or the latest pension adaptation notice.				
Foreign pensions Please attach proof.				
Private pension Please attach proof.				
Other benefits (e.g. pensions for civil servants, corporate or additional pensions) Please attach a copy of the notice.				
Capital benefits (direct insurance)				
Income from business operation (e.g. photovoltaic system) Please attach the latest income tax notice as proof.				
Income from self-employed activity Please attach the latest income tax notice as proof.				
Income from agriculture and forestry Please attach the last income tax notice as proof.				

I hereby assure that all information is true and correct. I will inform you immediately about all future changes and will submit suitable proof (e.g. tax notices). I am aware that incomplete or untrue information might result in subsequent requests for contribution payments.

Place, date

Signature of applicant

Your application for family coverage.



My spouse is insured No, he/she should be covered by my insurance as a family member.
 Yes, with

Die Kasse fürs Leben.

Important!* Please provide information on the spouse even if you apply exclusively for insurance cover of your children as family members.	I hereby apply for a contribution-free insurance coverage for the following family members:			
	Spouse*	1 st Dependant	2 nd Dependant	3 rd Dependant
First name				
Gender	<input type="radio"/> m <input type="radio"/> f <input type="radio"/> d	<input type="radio"/> m <input type="radio"/> f <input type="radio"/> d	<input type="radio"/> m <input type="radio"/> f <input type="radio"/> d	<input type="radio"/> m <input type="radio"/> f <input type="radio"/> d
Family name (if different)		If different, please submit birth or marriage certificate as proof.		
Date of birth				
Place of birth				
Country of birth				
Family relationship		<input type="radio"/> Natural child <input type="radio"/> Stepchild <input type="radio"/> Grandchild <input type="radio"/> Foster child	<input type="radio"/> Natural child <input type="radio"/> Stepchild <input type="radio"/> Grandchild <input type="radio"/> Foster child	<input type="radio"/> Natural child <input type="radio"/> Stepchild <input type="radio"/> Grandchild <input type="radio"/> Foster child
Is the spouse related to the child?		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
Address (if different)				
Social security number				

Other information on family members

Are they self-employed? Profit from self-employed activity (per month):	<input type="radio"/> yes EUR	<input type="radio"/> yes EUR	<input type="radio"/> yes EUR	<input type="radio"/> yes EUR
Please attach a copy of the last income tax notice!				
Gross remuneration from marginal employment (per month):	EUR	EUR	EUR	EUR
Do they receive unemployment benefits II?	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
Statutory pension, other benefits, corporate pensions, foreign pensions, additional pensions (per month):	EUR	EUR	EUR	EUR
Other regular income under the income tax law (per month):	EUR e.g. gross salary from employment subject to social security contributions, income from renting / leasing, capital assets, etc.	EUR	EUR	EUR
School / studies until				
Military / civilian service	from to	from to	from to	from to
Former health insurance				

Please attach relevant proves. Thank you.

If the spouse holds a private health insurance, the insurance coverage for children as family members requires a separate verification. Please attach a school certificate for children who celebrated their 23rd birthday.

I agree that these data be used for verifying the insurance coverage for family members:			
..... Place and date Signature of applicant Signature of spouse Signature of children who celebrated their 15 th birthday.

Sustainable. Holistic. Conscious.



Together for a healthy world.

An intact environment is the precondition for our physical and mental well-being. Only if our planet is well, the people inhabiting it can live a healthy life. We at BKK ProVita are therefore not only committed to the holistic well-being of our people, but also show special consideration for the environment.

BKK ProVita is:

- the first climate-neutral health insurance;
- the first health insurance preparing a common good balance sheet for sustainability and social matters;
- the first health insurance supporting a plant-based nutrition.

You can do a lot for living healthy. Ensuring an attentive and good care for yourself is the key to your wellbeing. We at BKK ProVita consider ourselves strong partners for our insurance holders and support them with manifold programme offers and incentives to shape their life in a health-conscious and sustainable manner.

We also care for the health of the planet and are therefore committed to environmental matters in all business fields.



Our common good balance sheet is testament to our ecological and social commitment.



We print on sustainable paper.



We consequently procure only green power.



Our actions are climate-neutral.



We support a plant-based nutrition.

BKK ProVita

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