

AOK PLUS
 Privatkunden-Center
 01058 Dresden

Interner Vermerk
 ZWKR/Antrag ZR Versicherte

Questionnaire for the examination of the issuance of an entitlement document or for the verification of an already existing registration for persons residing in an EU/EEA state, in Switzerland or in the United Kingdom, respectively

1.	Personal details (Insured party) ¹	
1.1	Sex: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> undefined <input type="checkbox"/> diverse	
1.2	Surname, forename:	
1.3	Date of birth:	
1.4	Nationality:	
1.5	German health insurance number:	
1.6	Address of place of residence (please state date in case of any change):	Street, house no.: ----- Postcode: ----- Town: ----- Country: ----- Since: -----
1.7	If you are gainfully employed in Germany and have your place of residence abroad: Do you return to your place of residence abroad on a regular basis? <input type="checkbox"/> No, the centre of my life is in Germany <input type="checkbox"/> Yes, <input type="checkbox"/> at least once a week <input type="checkbox"/> at different intervals: -----	

¹ Please mark appropriate information as follows throughout the questionnaire.
 Last revised: 09/2022

1.8	Name and address of the health insurance fund at the place of residence abroad (if available, please state date in case of any change):	Name: ----- Street, house no.: ----- Postcode: ----- Town/country: ----- Insurance no.: ----- Since: -----			
1.9	Insurance no. with the health insurance fund at the place of residence abroad: If this number is not known: Name at birth: Place of birth: Country of birth:	----- ----- ----- -----			
2.	Cases abroad				
2.1	Are you engaged in gainful employment (e.g. employment or self-employment) abroad? This also includes gainful employment with low income or teleworking.	<input type="checkbox"/> Yes, since ----- (Day/Month/Year) Country: ----- <input type="checkbox"/> No			
2.2	Are you drawing a pension abroad or have you applied for a pension abroad?	<input type="checkbox"/> Yes, since ----- (Day/Month/Year) Country: ----- <input type="checkbox"/> No			
2.3	Are you drawing income replacement benefits abroad (e.g. sickness benefits, unemployment benefits)?	<input type="checkbox"/> Yes, since ----- (Day/Month/Year) Country: ----- <input type="checkbox"/> No			
3.	Information on family members living abroad				
		1st person	2nd person	3rd person	4th person
3.1	Name:				
3.2	Forename:				
3.3	Sex (m = male, f = female, x = undefined, d = diverse):	<input type="checkbox"/> (m) <input type="checkbox"/> (f) <input type="checkbox"/> (x) <input type="checkbox"/> (d)	<input type="checkbox"/> (m) <input type="checkbox"/> (f) <input type="checkbox"/> (x) <input type="checkbox"/> (d)	<input type="checkbox"/> (m) <input type="checkbox"/> (f) <input type="checkbox"/> (x) <input type="checkbox"/> (d)	<input type="checkbox"/> (m) <input type="checkbox"/> (f) <input type="checkbox"/> (x) <input type="checkbox"/> (d)
3.4	Date of birth:				
3.5	Name at birth: Place of birth: Country of birth:	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----

		1st person	2nd person	3rd person	4th person
3.6	Nationality:				
3.7	Relationship (voluntary information): Spouse: Partner: Child: Other (please state):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
3.8	Address of place of residence (If different from the address given under no. 1.6. Please state date of relocation if this has changed):	Street, house no.: _____ Postcode: _____ Town: _____ Country: _____ _____ Since _____ (Day/Month/Year)	Street, house no.: _____ Postcode: _____ Town: _____ Country: _____ _____ Since _____ (Day/Month/Year)	Street, house no.: _____ Postcode: _____ Town: _____ Country: _____ _____ Since _____ (Day/Month/Year)	Street, house no.: _____ Postcode: _____ Town: _____ Country: _____ _____ Since _____ (Day/Month/Year)
3.9	Do your family members have a gainful activity (employment or self-employment)? This also includes gainful employment with low income or teleworking.	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No
3.10	Do your family members receive income replacement benefits (for example, sickness benefits or unemployment benefits)?	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No
3.11	Do your family members receive a pension or has a pension been applied for?	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No
3.12	Do your family members have their <u>own</u> health insurance in their State of residence?	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, since _____ (Day/Month/Year) Country: _____ _____ <input type="checkbox"/> No

		1st person	2nd person	3rd person	4th person
3.13	Are your family members covered by health insurance of another person (e.g. a child through the other parent) in their State of residence?	<input type="checkbox"/> Yes, since ----- (Day/Month/Year) Country: ----- <input type="checkbox"/> No	<input type="checkbox"/> Yes, since ----- (Day/Month/Year) Country: ----- <input type="checkbox"/> No	<input type="checkbox"/> Yes, since ----- (Day/Month/Year) Country: ----- <input type="checkbox"/> No	<input type="checkbox"/> Yes, since ----- (Day/Month/Year) Country: ----- <input type="checkbox"/> No
3.14	Name and address of the health insurance fund in the State of residence: Street, house no.: Postcode: Town: Insurance number:	----- ----- ----- ----- ----- ----- -----	----- ----- ----- ----- ----- ----- -----	----- ----- ----- ----- ----- ----- -----	----- ----- ----- ----- ----- ----- -----

- I confirm that the information I have provided is correct.
- I will inform you immediately of any changes in my circumstances and / or in the circumstances of my family members (e.g. relocation, end of the entitlement of family members abroad, end of the health insurance of the family members through another person abroad, taking up gainful employment etc.) without being asked to do so.
- I am aware that unjustly claimed benefits can be reclaimed if I do not inform you of a change in my circumstances or if I inform you of such a change with a delay.
- By signing this form, I declare that I have obtained the consent of my family members to provide the required data.

Place, date

Signature of Member

In case of any queries (voluntary information)

Telephone no.: _____

E-mail address: _____

Data protection notice:

The data in this questionnaire is required so that we can comply with our statutory tasks in accordance with Section 284 (1) Sentence 1 Nos. 2 and 4 of Book V of the German Social Code (SGB V) for the purpose of claiming benefits in kind in or, where applicable, outside the State of residence (Articles 11, 17, 22, 24, 25 and 26 Regulation (EC) No. 883/2004). Your cooperation is required in accordance with Section 60 SGB I or Article 76 (4) Regulation (EC) No. 883/2004 and Article 3 (2) Regulation (EC) No. 987/2009. Failure to cooperate may result in disadvantages when claiming benefits in kind or in the loss of entitlement to benefits in the State of residence. General information on data processing and on your rights can be found at: [Datenschutzrechte | AOK](#) or you can obtain it at any office of AOK Plus. Providing a telephone number and an e-mail address is voluntary and serves to contact you quickly if we have any questions about the information you have provided.