

JOIN NOTIFICATION

I join the Sickness Insurance Fund and my account is entitled to withhold the current membership fee.

POWER OF ATTORNEY

- authorize payroll accounting to hand over matters relating to my membership to the sickness fund
- authorize the Health Insurance Fund to handle my medical care

Mandatory fields *

Name of employee * _____

Date of Birth * _____

Join Date * _____

Employer * _____

Phone number * _____

Account number _____

E-mail _____

Home address and postal code _____

Handwritten signature * _____

Name Reducer * _____

Contact information (account number, e-mail address) may be stored in the Sickness Insurance Park Pay Register.

My contact information (account number, e-mail, home address) may not be stored in the Sickness Insurance Park Pay Register. When applying for a refund, I always fill out my account number on the refund application.

The following health care information is recorded in the Health Insurance Fund's membership register:

- Cost information with a regular annual ceiling
- Reimbursement compensation ceilings
 - o Trip deductible
 - o Information about the filling of the drug ceiling
- Payment ceiling for public health care
- Membership fees for self-paying members