

## 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 health care reimbursements

### Mandatory fields \*

Name of employee \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_

Join Date \* \_\_\_\_\_

Employer \* \_\_\_\_\_

Employee \*  Permanent    The first day: \_\_\_\_\_

Time-limited    Duration: \_\_\_\_\_

Phone number \* \_\_\_\_\_

Account number \_\_\_\_\_

E-mail \_\_\_\_\_

Handwritten signature \* \_\_\_\_\_

Name Reducer \* \_\_\_\_\_

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

My contact information (account number, phone number, e-mail) 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