

# MEINE BEITRITTSERKLÄRUNG

## MY DECLARATION OF MEMBERSHIP

Ich möchte zum           Mitglied der VIACTIV Krankenkasse werden.  
As of Datum Date ddmmyyy I would like to become a member of the VIACTIV health insurance fund.

### Meine persönlichen Daten My personal data

<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Titel, Name Title, surname		Vorname First name					
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Geburtsname Name at birth		Geburtsort Place of birth		Geburtsland Country of birth			
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Geburtsdatum Date of birth		Staatsangehörigkeit Nationality		weiblich female		männlich male	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Straße Street						Hausnummer House number	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
PLZ Postal Code		Ort Town					
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Telefon Telephone							
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
E-Mail Email							
Familienstand: Marital status:		<input type="checkbox"/> ledig single		<input type="checkbox"/> verheiratet married		<input type="checkbox"/> Lebenspartnerschaft Civil partnership	

### Angaben zu meinem Versicherungsverhältnis Details relating to my insurance relationship

<input type="checkbox"/> ich bin beschäftigt I am employed	<input type="checkbox"/> ich bin freiwillig versichert I am voluntarily insured	<input type="checkbox"/> mein monatliches Bruttoentgelt beträgt bis zu 603,- Euro (Minijob) my monthly gross salary is up to EUR 603.00 (Minijob)
<input type="checkbox"/> ich bin in Ausbildung I am undergoing an apprenticeship	<input type="checkbox"/> ich studiere I am studying	<input type="checkbox"/> ich bin selbstständig I am self-employed
<input type="checkbox"/> ich beziehe Rente I receive a pension	<input type="checkbox"/> ich beziehe Arbeitslosengeld I receive unemployment benefits	<input type="checkbox"/> ich beziehe Bürgergeld I receive Citizens' Basic Income
<input type="checkbox"/> ich beziehe Bürgergeld I receive Citizens' Basic Income		<input type="checkbox"/> mein Einkommen liegt über der Jahresarbeitsentgeltgrenze (jähr. 77.400,- Euro - Stand 2026) my income exceeds the annual work remuneration threshold (annual. EUR 77,400.00 - status 2026)

<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Name des Arbeitgebers Name of the employer							
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Straße Street						Hausnummer House number	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
PLZ Postal Code		Ort Town		Beschäftigt seit Employed since			
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

### Ich war zuletzt versichert I was last insured at

<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Name der Krankenkasse/Krankenversicherung Name of the last health insurance fund/health insurance		von from		ddmmyyy		bis to	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

<input type="checkbox"/> pflichtversichert compulsorily insured	<input type="checkbox"/> privat private	<input type="checkbox"/> freiwillig voluntary	<input type="checkbox"/> nicht gesetzl. versichert not compulsory statutory insurance	<input type="checkbox"/> familienversichert covered by family insurance	<input type="checkbox"/> Zuzug aus dem Ausland moved from overseas
<input type="checkbox"/> Es sollen Familienangehörige kostenfrei mitversichert werden. Bitte senden Sie mir den erforderlichen Fragebogen zu. Yes, I have family members, who are to be co-insured free of charge. Please send me the necessary questionnaire.					

### Grund für den Kassenwechsel Reason for health insurance company change

<input type="checkbox"/> Mein Versicherungsstatus ändert sich. (z. B. Aufnahme einer neuen Beschäftigung/Ausbildung/Studium etc.) My insurance status is changing. (e. g. starting a new job/vocational training course/university etc.)	<input type="checkbox"/> Mein Versicherungsstatus ist unverändert. (Bitte informieren Sie meine Vorkasse über meinen Kündigungswunsch.) There have been no changes to my insurance status. (Please inform my previous health insurance company of my intention to change companies.)
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### Meine Unterschrift My signature

<input type="checkbox"/> Ich bin damit einverstanden, dass die VIACTIV Krankenkasse meine angegebenen personenbezogenen Daten verarbeitet und nutzt, um mich sowohl über die Vorteile einer Mitgliedschaft als auch zum Zwecke der Werbung und/oder Marktforschung schriftlich, telefonisch oder per E-Mail zu informieren und zu beraten. I hereby permit the health insurance company VIACTIV to process the personal data supplied by myself, and to use this data for the purpose of receiving information and advice in writing, on the telephone or via email about the membership advantages or for advertising and/or marketing purposes.
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<input type="text"/>	<input type="text"/>
Datum und Unterschrift Date and signature	

Bitte beachten Sie die beiliegenden Informationen zum Datenschutz. Diese finden Sie auch online unter [www.viactiv.de/datenschutz](http://www.viactiv.de/datenschutz)  
Please pay attention to the enclosed information pertaining to data protection. You can also find this online under [www.viactiv.de/datenschutz](http://www.viactiv.de/datenschutz)

Nur für interne Zwecke

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vertriebspartner-/Vermittler-Nr.	MA - 8i-Kennung	Referenz GP Nr.	Adr.-Quelle-Spez.

# BECOME A **VIACTIV** MEMBER NOW!

Complete the application form on the reverse to join the health insurance company VIACTIV now – and enjoy a wide range of benefits.

## IT'S EASY:

### Submit the completed application form

Fully complete the form on the reverse – preferably in capital letters – and return it to us. An additional cancellation is not necessary. We will inform your previous health insurance company about your decision to cancel your membership/ change companies electronically.

### Membership confirmation and health insurance card

Once we have received your form and any additional documentation, we will send you, as well as your employer, a membership confirmation. You will receive your electronic health insurance card as soon as we have received your photo. You can simply upload it online at [viactiv.de/egk](http://viactiv.de/egk). You can also wait until you receive a respective form from us and then return the completed form to our service provider together with your photograph.



## EVERYTHING YOU NEED TO KNOW

### Joining and leaving a statutory health insurance company

#### Really easy:

##### Switching without notice

Switching to VIACTIV is not rocket science - and now it's even easier. All you have to do is declare your membership. It is not necessary to cancel your current statutory health insurance. We will process the transfer with your statutory health insurance provider using an electronic reporting procedure. VIACTIV will send the transfer request - in return, we receive confirmation that your previous membership is expiring.

**Important:** A membership lasts for at least 12 months if no changes are made to insurance status.

#### More flexibility:

##### Immediate right to chose

In some cases, you can even switch to VIACTIV immediately - whenever your insurance status changes, e.g. when starting a new job. As soon as you start working, you'll benefit from the great advantages and services that Germany's sporting health insurance company has to offer.

#### Good to know:

##### Switching providers during the notice period

Has your insurance status remained unchanged? In that case, you will take be transferred during the notice period. Upon expiry of the two-month notice period from the end of the month, you can become a VIACTIV member. By the way: you are entitled to a special right of termination if your statutory health insurance provider increases the supplemental premium.

#### But be careful:

##### Switching from private health insurance

Are you subject to compulsory insurance and would you like to switch from private health insurance to VIACTIV? We think that's great! But just note: electronic data exchange is not available with private health insurance providers. You will have to cancel your current insurance yourself.

**viactiv.de** | **Free service number 24/7**  
**0800 222 12 11**



Of course, you can also apply to join VIACTIV online:  
[viactiv.de/mitglied-werden](http://viactiv.de/mitglied-werden)

How to contact us: **VIACTIV Krankenkasse**  
Zentraler Posteingang, 44775 Bochum  
Germany  
Fax: 0234 479 1999  
[service@viactiv.de](mailto:service@viactiv.de)

# INFORMATION PERTAINING TO DATA PROTECTION

With the statements below we would like to inform you about the processing of your personal data by VIACTIV health insurance fund and VIACTIV long-term care insurance fund\* and explain your rights to information to you pursuant to Articles 13 and 14 of the General Data Protection Regulation (GDPR) as well as with regard to your right to object pursuant to Article 21 of the GDPR.

\* The following statements (from No. 2) shall also apply accordingly to the VIACTIV long-term care fund

## 1) Who is responsible for the data processing and who can I contact?

**The data controller is:**

**VIACTIV Krankenkasse**  
Suttner-Nobel-Allee 3–5  
44803 Bochum  
0800 222 12 11  
service@viactiv.de

**VIACTIV Pflegekasse**  
Suttner-Nobel-Allee 3–5  
44803 Bochum  
0800 222 12 11  
service@viactiv.de

**You can contact our data protection officer under:**

**VIACTIV Krankenkasse**  
Data protection officer  
Suttner-Nobel-Allee 3–5  
44803 Bochum  
0234 479-2799  
datenschutz@viactiv.de

**VIACTIV Pflegekasse**  
Data protection officer  
Suttner-Nobel-Allee 3–5  
44803 Bochum  
0234 479-2799  
datenschutz@viactiv.de

## 2) Which data do we process? From which sources do these data stem?

Relevant personal data are, for example, your personal details (name, address and other contact data, date and place of birth as well as your nationality), data relating to your membership and your insurance relationship (e.g. start and end or the participation in special forms of care), contribution data (e.g. your bank details), service data (e.g. diagnoses), data regarding care persons or also start and end of the care activity, data of employers and paying agents (e.g. the amount of the work remuneration liable to contribution respectively the amount of the received benefits), advertising and distribution data as well as other data comparable with the stated categories.

We primarily receive the aforementioned data within the scope of the execution of the insurance relationship with you. We moreover also process data, which are admissibly transmitted to us by third parties (e.g. employers or hospitals) or which we collect at third parties. For example, we also obtain information relating to previous illnesses from your previous health insurance funds within the scope of service examinations.

## 3) What do we process your data for (purpose of the processing) and on which legal basis?

The tasks of a health insurance fund vary considerably (e.g. establishment of the insurance relationship, examination of service obligations, determination of the contribution obligation). Section 284 Fifth Book of the German Social Insurance Code [Fünftes Buch Sozialgesetzbuch - SGB V] is the central social code standard in this case, which lists all purposes, for which we as a statutory health insurance fund are permitted to process data. For example, your data will be anonymised and analysed when reviewing the efficiency of service provision in accordance with Section 284 (1) No. 9 SGB V.

With regard to the legal basis it is to be stated that VIACTIV health insurance fund performs tasks of the statutory health insurance while exercising public power assigned for this purpose. The legal basis for the data processing is Art. 6 Para. 1 lit. e GDPR. In some cases the processing of your data is also carried out based on your consent pursuant to Art. 6 Para. 1 lit. a GDPR. This is, for example, the case if you take part in a measure of the "special care" pursuant to Section 140a SGB V.

Furthermore, as a statutory health insurance fund we are also subject to legal obligations, for the fulfilment of which it is necessary to process your data (Art. 6 Para. 1 lit. c GDPR). These include e.g. the report to the responsible Inland Revenue Office owing to the granting of a bonus payment to you.

## 4) Who receives my data?

Within the VIACTIV health insurance fund only those bodies are given access to your data, which require this in order to settle their tasks. Service providers used by us can also receive data; we conclude contracts with these providers pursuant to Art. 28 GDPR in conjunction with Section 80 Tenth Book of the German Social Insurance Code [Zehntes Buch Sozialgesetzbuch - SGB X]. These are e.g. companies in the categories of IT service, printing services, letter shops, settlement service providers, nursing and care consultancies, consulting companies with analyses of economic feasibility, marketing agencies as well as archiving service providers or also file shredding and data destruction companies.

With regard to the forwarding of data to third parties it is moreover to be noted that we as a health insurance fund are obligated to safeguard the social secrecy (Section 35 First Book of the German Social Insurance Code [Erstes Buch Sozialgesetzbuch - SGB I]. We may only forward information if this is required by statutory provisions or you have consented hereto.

**Under this prerequisite receivers of personal data may e.g. be:**

- Other responsible payment bodies according to the German Social Insurance Code (e.g. the pension insurance)
- Medical service (MD)
- Tax authorities
- Supervisory authorities
- Financial institutions
- Employers

## 5) Are data transmitted to a third country?

A data transmission to bodies in states outside of the European Union (so-called third countries) will not take place.

## 6) How long are my data stored for?

We process and store your personal data as long as it is necessary in order to fulfil our statutory tasks. Insofar as this necessity ceases to apply the data will be erased by complying with the statutory storage deadlines (Section 304 SGB V).

## 7) Which data protection rights do I have?

Each data subject has

- the right to information according to Art. 15 GDPR,
- the right to erasure according to Art. 17 Para. 1 GDPR, GDPR
- as well as the right to object pursuant to Art. 21 GDPR.
- the right to rectification according to Art. 16 GDPR,
- the right to limitation of the processing according to Art. 18

The aforementioned data protection rights are additionally supplemented by special regulations for the social data protection– cf. Sections 83 and 84 SGB X.

You furthermore have the right to revoke a consent granted to VIACTIV health insurance fund to the processing of your personal data at all times. This shall also apply to the revocation of declarations of consent, which were granted to us already before the validity of the General Data Protection Regulation, thus before 25 May 2018. Please note however that the revocation will not affect the lawfulness of the processing carried out until the revocation.

Finally, there is also the right to lodge a complaint at a supervisory authority. For VIACTIV health insurance fund the data protection supervisory authority is the Federal Officer for Data Protection and Information Freedom.

## 8) Do I have an obligation to provide the data?

VIACTIV health insurance fund provides services as a statutory health insurance fund according to the Fifth Book of the Social Insurance Code. In this context you are obligated to provide the data that are necessary for this purpose and to inform us about any changes (obligation to provide assistance pursuant to Section 60 SGB I). Without the provision of these data on your part we are not in the position to fulfil our task as a statutory health insurance fund.

## 9) Does an automated decision-making take place?

VIACTIV health insurance fund uses automated processes. Insofar as an automated decision is made in an individual case this is carried out exclusively under the condition of Art. 22 Para. 2 GDPR.

# INFORMATION ABOUT YOUR **RIGHT TO OBJECT** PURSUANT TO ARTICLE 21 GENERAL DATA PROTECTION REGULATION

## 1. Art. 21 Para. 1 GDPR: Individual case-related right to object

You have the right to file an objection, for reasons, which arise from your particular situation, at all times to the processing of personal data relating to you, which is to be carried out owing to Art. 6 Para. 1 lit. e GDPR. We will then no longer process your personal data, unless, we can prove mandatory reasons worthy of protection for the processing, which outweigh your interests, rights and freedoms or the processing serves the assertion, exercising or defence of legal claims.

## 2. Art. 21 Para. 2 GDPR:

### Right to object to a processing of data for purposes of direct marketing

If your personal data are processed in order to conduct direct marketing, you have the right to file an objection at all times against the processing of personal data relating to you for the purpose of such advertising.

If you object to the processing for purposes of direct marketing then we will no longer process your personal data for these purposes.

**Your objection can be carried out informally and be sent to VIACTIV health insurance fund:**

**VIACTIV Krankenkasse or VIACTIV Pflegekasse**

Suttner-Nobel-Allee 3–5  
44803 Bochum  
0800 222 12 11  
service@viactiv.de