

**DECLARATION OF RESIDENCE**

Entitlement document

- European health insurance card
- Provisional replacement certificate of the European health insurance card
- Other: \_\_\_\_\_

\_\_\_\_\_  
Surname First name Maiden name

\_\_\_\_\_  
Date of birth Place of birth Gender Nationality

\_\_\_\_\_  
Home address

\_\_\_\_\_  
Address in Germany

\_\_\_\_\_  
Phone number E-mail address College Subject

1. I entered the Federal Republic of Germany on \_\_\_\_\_

2. Reason for entry (e.g. tourist, student, seconded employee): \_\_\_\_\_

3. Other health insurance cover already exists in Germany (e.g. due to employment):  
 Yes  No

If yes, with the following health insurance company: \_\_\_\_\_

4. The following existed before leaving \_\_\_\_\_ (state)

- Illness \_\_\_\_\_
- Pregnancy  **No** illness or pregnancy

5. Are you pursuing an activity as an employed person or in a self-employed capacity (also marginal) during your stay in Germany?  
 Yes, as of/since \_\_\_\_\_  No

6. I intend to stay in the Federal Republic of Germany up to \_\_\_\_\_

7. I continue to have my domicile in \_\_\_\_\_ (state)

8. I draw a pension from the following states: \_\_\_\_\_

9. I select the following health insurance company for temporary care in Germany:  
\_\_\_\_\_

I agree to AOK Bayern processing and using my data until further notice. They are also intended for the recruitment of members and to inform and advise me about AOK advantages, products and news as well as private supplementary insurance of AOK contract partners and to conduct customer surveys. This consent is voluntary and covers contact in writing, by telephone, email and SMS and can be revoked at any time. This shall not result in any disadvantages for me if I do not consent or revoke my consent at a later date. Data shall under no circumstances be disclosed to third parties.  
 Yes, I agree!

\_\_\_\_\_  
(Place, date) (Signature)

**Privacy notice:**  
Data are processed to perform our duties according to Section 284 (1) sentence 1 No 2 and 4 SGB V [German Social Code] for the purpose of receiving benefits in kind in or, if applicable, outside the state of residence (Article 17, 18, 19 and 20 Regulation (EC) 883/04 resp. convention on social security with the respective state of residence). Your cooperation is required according to Section 60 SGB I resp. Article 76 (4) Regulation (EC) No 883/04. Failure to cooperate may result in disadvantages in receiving benefits in kind or in the suspension of entitlement to benefits in the state of residence. Possible recipient of your data is the Medical Service of the health insurance. General information on data processing and on your rights is available at: [www.aok.de/bayern/datenschutzrechte](http://www.aok.de/bayern/datenschutzrechte) or at any AOK office. Providing a telephone number is voluntary. It serves to contact you quickly in case of enquiries concerning your details.