



Sender

BARMER 42230 Wuppertal

Request from

Application for exemption from compulsory health insurance (Section 8 Para. 1 No. 5 Social Security Code V (SGB V))

Dear Sir or Madam,				
l am applying for an	exemption from compu	lsory health insuranc	ce during my current studies starting from	
Start of studies: Sur Name and address	nmer semester/winter se of university:	emester	(please delete as appropriate)	
			xample a confirmation of private nd is valid for the entire duration of my	
Personal details*if	known **optional information			
Name at Birth:		Place and Country	of birth:	
Date of birth:		Pension insurance i	number*:	
Telephone/mobile**	:	E-mail**:		
Subject studied**:		Expected duration of	of studies**:	
Security Code V (SGB V)		30 years and then deletes i	ce relationship in accordance with Sections 5 ff. Social t. Provided that the legal requirements are met, the data portability.	
Consent for adver	ising purposes (Art. 6	(1) a GDPR)		
advis the s polic cond	I consent to BARMER storing and using my personal details provided in order to inform and advise me, also with the assistance of a service provider, about the benefits, in particular the service and portfolio, of BARMER and the range of private supplementary insurance policies offered by BARMER's partner HUK COBURG Krankenversicherung, and to conduct opinion research (e.g. surveys to measure quality and customer loyalty). Contact may be made by e-mail, telephone, text message or post.			
	effect from BARMER, Lichtsch		sory health insurance. Your consent remains valid until pertal, or by e-mailing service@barmer.de. Your data	
Date		5	Signature	

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