

Important Note: Please don't fill out this form, it is only a translation of the German form. Please fill out the German form, otherwise it won't be valid.

Techniker Krankenkasse
22781 Hamburg

Last name:
First name:
Address:
Birth date:

Application for Health Insurance exemption:

Note: The legislator has excluded a withdrawal from the exemption. This also applies to other health insurance companies and excludes a familiar health insurance (for example by your partner). Until the reason for your exemption is omitted, you are not able to get the mandatory health insurance, even in case of other circumstances. For all recipients of benefit within the Agentur für Arbeit (labor office), agriculturists and artists there is an exception: If you will become part of any of these groups in the future, again you will be liable to health insurance deductions. Additionally you will be liable to health insurance deductions in case of an employment in relation to the studies prevails: for example, more that 20 weekly working hours (this only applies to German students).

I study since _____ and from the _____ I would like to be exempted as a student from health insurance obligations.

Additional information

(optional)

University name _____

If there are any questions you can contact me under the following phone number

Date _____

Signature _____