

*It's great when things that are usually
difficult become child's play.*

Handelsblatt

GKV-Qualitätsrating
Unternehmens-
qualität

SEHR GUT

2021

mhplus Krankenkasse

Im Test: 70 Kassen
Handelsblatt - 03.11.2021

DFSI RATINGS

My choice.

An overview of the amazing services
and benefits offered by mhplus.

mhplus

Krankenkasse.



Excellent!

FOCUS MONEY
Ausgezeichnete Leistungen
Ausgabe 07/2021
Deutschlands größter Krankenkassen-Vergleich

FOCUS MONEY
Sehr Guter Service
Ausgabe 07/2021
Deutschlands größter Krankenkassen-Vergleich

DFSI RATINGS
LEISTUNG FÜR FAMILIEN sehr gut
FOCUS-MONEY 21/21
GKV-Studie: Deutschlands größter Kunden-Leistungsvergleich

Eltern
zeichnet aus:
Beste Krankenkassen für Familien
mhplus Betriebskrankenkasse
Kategorie: Schwangerschaft & Geburt
Quelle: Kassenzusche GmbH
Im Test: 29 Krankenkassen und regional geöffnete Krankenkassen - Ausgabe 08/2021 - Gültig bis: 07/2022

FOCUS MONEY
Sehr Gute Zahnmedizinische Versorgung
Ausgabe 07/2021
Deutschlands größter Krankenkassen-Vergleich

Hello.

Open to something new?

There are certainly things that are easier to do than finding your health insurance provider. The one that best suits you and your individual needs. We know this when we say:

We are open to life.

But what exactly does that mean?

“Open to life” means that we understand how people think, act and feel. After all, we are people too. We also know that no two people are alike. Everyone has their own needs, different wishes and maybe even fears. That is why we don’t believe in preconceptions. Instead, we are curious, open-minded and understanding. You could say, we are open to life.

Four good reasons.



Germany’s best health insurance providers

The best company health insurance fund in Germany according to the German trade journal **Handelsblatt** (11/2021).



Covered from A to Z.

Whether it is **professional teeth cleaning**, **osteopathy** or special and innovative treatment methods such as **Cyberknife** – whatever your circumstances, you can always rely on the wide range of services from mhplus!



Here for you: in person, over the phone and online.

Our customer advisers are there for you when you need them: e.g. with the **Health Hotline**, via the **Chat feature** or in a **personal conversation** – we are always here for you!



More than “just” a health insurance fund.

We do everything we can to make sure that you get healthy again and stay healthy. That is why we are always looking for new ways and opportunities to support you. Examples include our “mhplus online fitness” service or the **“Sturmfrei” holiday programme for children**.

Proactive.

Here are some of the ways we help you to stay healthy – or get even healthier.

Fitcash health bonus

We reward health-conscious behaviour with a bonus of up to 180 euro per years:

- Select from over ten precautionary or preventive measures.
- All mhplus policy holders aged 15 and above can take part.

Now it's even easier to take part in the bonus programme: With the mhplus Bonus app, you always have your bonus programme ready to hand. You can find more information at: www.mhplus.de/fitcash

Health trips

Discover your path to improved health and vitality and choose a multi-day health trip with prevention courses on multiple topics:

- Movement (e.g. Nordic walking, exercises to prevent back pain and injury)
 - Nutrition (e.g. how to avoid malnutrition)
 - Relaxation (e.g. autogenic training, yoga, tai chi).
- mhplus subsidises participation in a health trip up to a value of 140 euro per year.

Health courses

mhplus pays 80 percent of the costs for your health course twice per year – up to a value of 70 euro per course. You can find courses near you in our course database at:

www.mhplus.de/kursdatenbank

Skin cancer screening

From the age of 35, you can be examined for skin cancer every two years free of charge.

The comprehensive examination includes anamnesis and visual examination of the entire body, including extensive documentation and advice. With mhplus, this service is also available under the age of 35 in many states:

www.mhplus.de/hautsache

Vaccination

mhplus covers all of the vaccinations recommended by the German Standing Committee on Vaccination (STIKO). Certain private travel vaccinations, such as those against hepatitis A and B, are also included.

For policy holders aged between 9 and 26, we cover the costs for vaccination against human papillomavirus (HPV). Find out more at: www.mhplus.de/schutzimpfungen

Professional teeth cleaning

Each calendar year, children and adults receive a grant of up to 40 euro to use at a dentist of your choice with statutory health insurance accreditation (“Kassenzulassung”).

Sports medical examination

We contribute up to 60 euro per calendar year for a sports medical examination, provided that the examination contributes to the prevention of illnesses or prevents an existing illness from becoming more severe.

Online courses

Take your health and fitness to the next level with selected online courses. mhplus covers 100% of the costs for the courses. You can find all of the courses at:

www.mhplus.de/online-kurse

Online coaches

mhplus online coaches offer free advice and support for a wide range of day-to-day issues. You can find your personal coach at: www.mhplus.de/online-coaches

Online fitness training

Train for free! mhplus wants to help you stay fit and healthy. You can use our varied training videos to help you do just that. Your major benefit:

- A full range of training programmes – endurance, muscle building, abdominal training, training for a healthy back and relaxation exercises
- Train at any time – whenever and wherever you want
- Developed by experts – free for you

Get involved at: www.mhplus.de/online-fitness

Special highlights for families.

Baby bonus

New parents receive a bonus of up to 160 euro for health-promoting measures for their newborn baby, such as the performance of certain screening tests.

Fissure sealants

mhplus subsidises fissure sealants on the molars and premolars for children and youths up to a value of 60 euro per calendar year.

FamiliePlus newsletter

The FamiliePlus provides you with regular updates about how to lead a healthier day-to-day family life and reminds you about important check-ups. Simply subscribe at:

www.mhplus.de/familieplus

Midwives on call

For mothers-to-be, midwives are available 24 hours per day and are ready to support you when it is time for your child to be born. mhplus provides support worth up to 250 euro per pregnancy.

“Sturmfrei” holiday programme for children

Your children are brilliantly taken care of with fun, games and plenty of movement. The five-day holiday programme is free of charge for those that are insured with mhplus. You can find more information at: www.mhplus.de/sturmfrei

Potzblitz – The bonus programme for children

Children up to 14 years of age that are insured with mhplus have their very own bonus programme, which allows them to receive rewards worth up to 140 euro per year. In this way, children are rewarded every year for doing things that help them stay safe and healthy.

Pregnancy budget

During your pregnancy, we contribute up to 150 euro per calendar year for additional examinations to monitor the development of your child. This includes a toxoplasmosis test and many other services. You can find more information at www.mhplus.de/schwangerschaft

Hallo Baby

This special screening programme is intended to reduce the risk of premature births for pregnant women. It includes free advice and the performance of the toxoplasmosis test, the group B streptococcus test and an infection screening.

Smooth surface sealant application

When a youth has fixed braces, we contribute 60 euro per calendar year for smooth surface sealant application.

Kinderheldin sorglos

Exclusive, comprehensive worry-free package. The Kinderheldin package brings midwives to your home – online and convenient. The package is perfectly tailored to your individual needs with in-person courses and video courses covering topics such as pregnancy, birth and the days following delivery. The package is available free of charge for 12 months to mhplus policy holders that are mothers or mothers-to-be. You can find all of the information about this at www.mhplus.de/kinderheldin



Treating yourself to something nice doesn't have to be a big expense.

Speedy recovery.

Here are some of the ways we support you when you are not doing so well.

Acupuncture

mhplus covers the costs for acupuncture treatments with a minimum duration of 20 minutes. The treatment is billed by simply presenting your health insurance card.

You can find more information at:

www.mhplus.de/akupunktur

Alternative medicines

You will receive up to 30 euro per calendar year for non-prescription homeopathic pharmaceuticals, phytotherapy and anthroposophy.

Homeopathy

mhplus supports alternative methods of treatment from selected panel doctors. From the first anamnesis session to analysis and personalised advice:

www.mhplus.de/homoeopathie

Osteopathy

We reimburse up to 80 percent of the costs for a total of two osteopathic treatments per calendar year – with a contribution of up to 60 euro per session. You can find the prerequisites for covering the costs of the treatment at:

www.mhplus.de/osteopathie

Dentures

At our partners all over Germany, you can have 100% of the costs for dentures covered. In order to receive this benefit, it is important to have an electronic dental bonus booklet (Zahnbonusheft) from the last ten years with no gaps.

Additional offers for dental treatment

In the “DentNet” dentistry network, mhplus policy holders receive extra benefits, such as high-quality dentures, implants or professional teeth cleaning at discount prices, resulting in even more savings.

Tip: Pregnant insured individuals receive professional teeth cleaning free of charge as a flat rate service from dentists in the “DentNet” dentistry network.

Zweitmeinung Plus

In the event of a recommendation for back, shoulder or knee surgery, you can be reimbursed for the costs of seeking out a second opinion from recognised experts by mhplus. We also help you to seek out a second opinion in the event of a cancer diagnosis. You can find out about the prerequisites at:

www.mhplus.de/zweitmeinung

Free choice of hospital and clinic search

In the event of a planned treatment, you have the option of selecting the right clinic for you. You can find all of the information you need about your stay at the hospital and support for finding the right clinic here:

www.mhplus.de/klinik-suche

In the best hands – innovative treatment.

Outpatient surgery

Many surgeries can be carried out as outpatient procedures while maintaining the same level of quality. That is why mhplus works closely with a network of orthopaedists and surgeons, as well as gynaecologists, urologists and ear, nose and throat doctors.

Cyberknife – Robotic, high-precision radiation

Cyberknife technology makes it possible to treat brain tumours, head and neck cancers and spinal cancers, and also to alleviate certain forms of facial pain gently, effectively and with minimised side effects. The benefit of this form of radiation treatment lies in the minimised side effects for patients. mhplus covers the treatment costs for you. Cyberknife centres are located in Munich, Göppingen and Frankfurt.

Disease management programmes (DMP)

Structured disease management programmes (DMP) offer chronically ill individuals optimal treatment that is tailored to their individual needs (for diabetes mellitus type I and II, asthma, COPD, breast cancer or coronary heart disease). This ensures that patients can benefit from a structured and interdisciplinary treatment programme along with intensive support from mhplus and the treating doctor.

Kassel Stuttering Therapy

The aim of Kassel Stuttering Therapy is to learn and retain a new, smooth speech pattern. With therapeutic instructions, patients learn a new, smooth speech pattern using the software. After the intensive course is complete, the software promotes daily, independent practice at home.

Tinnitracks

Do you suffer from tinnitus? This is caused by certain nerve cells overreacting to a certain frequency. This individual frequency is filtered out from your favourite music by the Tinnitracks app. In this way, Tinnitracks can stop that annoying ringing in your ears.

Light therapy

Seasonal affective disorder, also known by the acronym SAD, can be successfully treated using light therapy according to scientific research and recommendations from the clinical practice guidelines.

Back health programme – AchtungRücken!

We look after you and your back: with exercise programmes, comprehensive advices and special treatment concepts, such as our back health courses. You can find out more about the contents of our “AchtungRücken!” back health programme at: www.mhplus.de/achtung-ruecken

Neolexon – Therapy for children with speech disorders

The app uses games to help children with speech disorders. It is suitable for use as an adjunctive treatment strategy in addition to speech therapy.

Caterna – Vision therapy for children

The web-based vision therapy is an innovative concept for children with functional visual loss (Amblyopia). The vision therapy is used in conjunction with tried-and-tested occlusion therapy (covering the non-amblyopic eye with an eye patch) and supervised by an ophthalmologist.

TeleClinic – Digital consulting hours

Individuals insured with mhplus benefit from an exclusive premium package. With the TeleClinic platform, you have access to a highly qualified network of doctors all over Germany, 24 hours a day, 365 days a year. The TeleClinic doctors can treat almost anything that a traditional GP can. You can find more information at: www.mhplus.de/teleclinic

Human.

We are here for you. For you and your health – and we always strive to exceed expectations.

Expert chat

Chat online with our experts about exciting topics such as healthy nutrition, living a life without tobacco or motivation to get moving more. You can find information about our current expert chat here: www.mhplus.de/expertenchat

Specialist search

Often, when it comes to finding a doctor, patients are left to fend for themselves. With mhplus, you can access helpful tips on finding a doctor: www.mhplus.de/arztsuche

Health hotline

Physicians, doctors and specialists are available 24 hours a day to help you with your health-related questions.

Supplementary insurance services

We offer a wide range of supplementary insurance packages via our cooperation partner, Süddeutsche Krankenversicherung – for those looking for an even greater level of health insurance coverage. Find more information at: www.mhplus.de/zusatzversicherung

Do you have questions? We've got you covered – simply give us a call:

07141 9790-940

mhplus Service app

The mhplus Service app for your tablet or smartphone (iOS and Android) offers a wide range of benefits. Easy and quick:

- Submit sickness notifications and invoices
- Submit photos for your electronic health card
- Chat feature to get in touch with mhplus

The app also supports you with additional services:

- Search for doctors, pharmacies in the surrounding area and the nearest mhplus office
- Pollen forecasts
- Online version of the member magazine mhplusdu

Simply download the app at: www.mhplus.de/mhplus-app

Callback service

Do you have questions regarding your health insurance but don't currently have time for a telephone conversation with mhplus? Use the callback service. We will call you back at a time and date of your choice. Simply fill in the online form to arrange a callback. www.mhplus.de/rueckruf-service

Chat support

- Take advantage of the opportunity to discuss your concerns with our customer advisers from the comfort of your own home – either using the chat feature or via video support.
- You can contact our team from 8am to 5pm.

Find out more at: www.mhplus.de/videoberatung

mhplus mind app

Mindfulness means living in the present moment. The mhplus mind app helps you to do just this. Completing the exercises in the app helps you to focus on your thoughts and the here and now. This helps you to relax. You can find more information at www.mhplus.de/mind-app

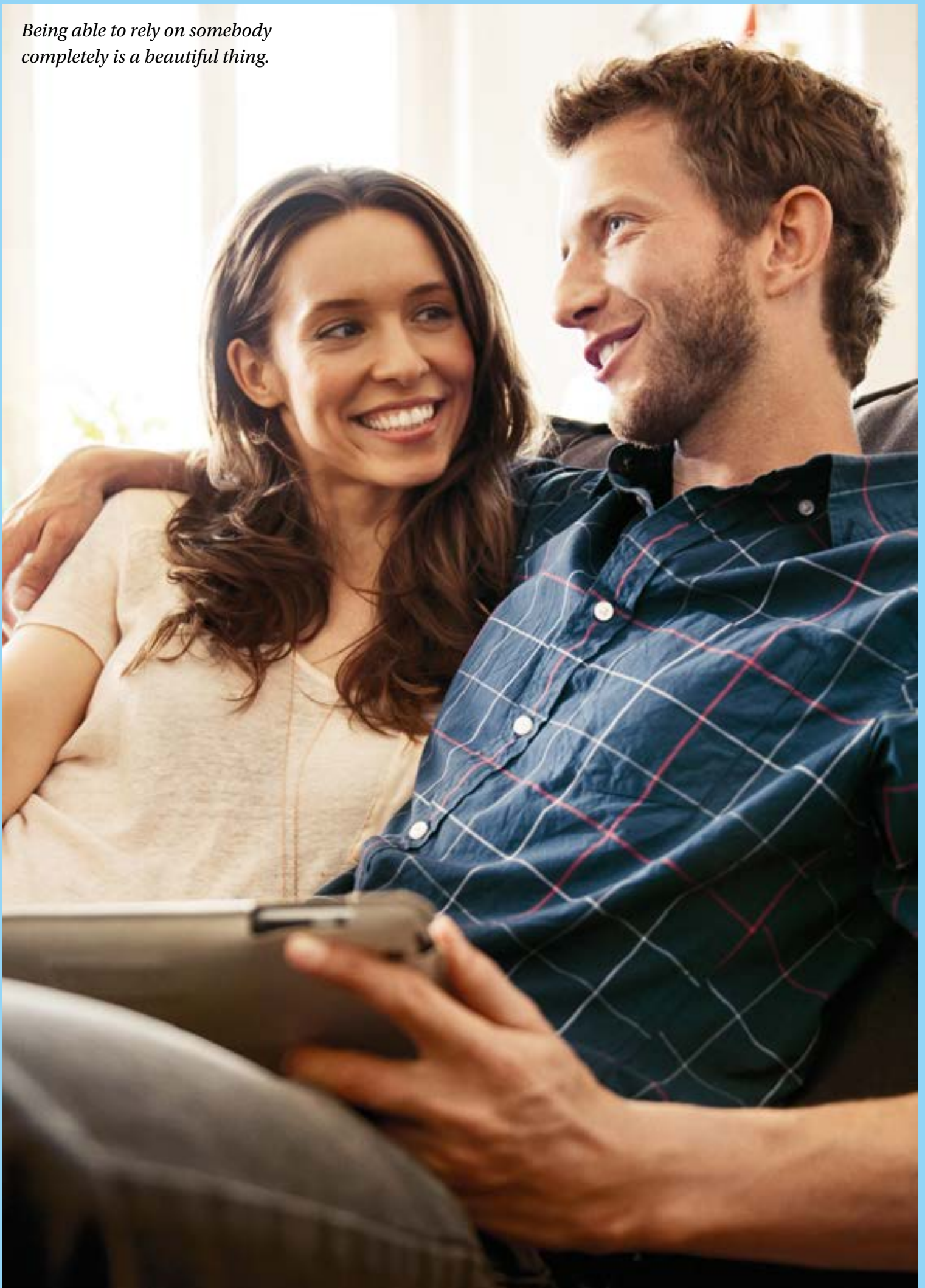
Free personal trainer – The mhplus move app

Count your steps and improve your health: mhplus move powered by YAS.life helps you to do this every day. Bring more movement into your day-to-day life, live a more active life and improve your health. The best thing about all of this: You receive points for every step you take, which you can then exchange for cash! You can find more information at www.mhplus.de/mhplus-move



Sometimes, the best things in life are those that you don't expect.

Being able to rely on somebody completely is a beautiful thing.



Here for you.

*Becoming an mhplus member is incredibly easy.
We'll show you how it works.*

1. Fill in the membership application.

It is no longer necessary to cancel your policy with your previous provider. mhplus will notify your previous provider of the switch. You have two options when it comes to submitting your mhplus membership application:

a) Your online application – completed in just a few clicks

Simply go to www.mhplus.de/mitgliedsantrag and fill in the online application.

b) The classic way using pen and paper – Your membership application and cancellation of previous policy

Simply fill in the form on the next pages and send it in the post to: mhplus Betriebskrankenkasse, Franckstraße 8, 71636 Ludwigsburg, Germany

You can also take a photograph of the completed form and upload it via the mhplus app: www.mhplus.de/mhplus-app

2. Membership.

Here's how quick it is: You are a member of mhplus. We'll take care of everything else, e.g. registration through your employer.

3. Your electronic health card.

We require a picture of you for your electronic health card. You can send us a digital image online and at no extra cost: either at www.mhplus.de/foto-hochladen or on our mhplus app. If you do not have access to either of these options, you will receive further communication from us separately.

Convinced? Recommend us and get a bonus!

Recommend us to others and collect a 25 euro cash reward for each new member.

To be presented to the relevant notifying bodies, such as your employer or employment agency
(Zur Vorlage bei Ihrer zur Meldung verpflichteten Stelle z. B. Arbeitgeber, Agentur für Arbeit)



First name, Surname
(Vorname, Nachname)

Street, House number
(Straße, Hausnummer)

Post code, Location
(PLZ, Ort)

Date of birth
(Geburtsdatum)

Information regarding my new health insurance provider (Informationen zu meiner neuen Krankenkasse)

I have selected **mhplus Betriebskrankenkasse** as my future health insurance provider.
(Ich habe die **mhplus Betriebskrankenkasse** als künftige Krankenkasse gewählt.)

Proposed change to health insurance provider on: _____
(Beantragter Kassenwechsel zum:)

Information about mhplus: mhplus Betriebskrankenkasse, 71632 Ludwigsburg, Germany
(Hier die Daten der mhplus in Kürze:)

General contribution rate 14.6%
(Allgemeiner Beitragssatz)

Additional contribution 1.28%
(Zusatzbeitrag)

Company number 63494759
(Betriebsnummer)

Bank details Commerzbank Ludwigsburg,
(Bankverbindungen) IBAN DE29 6048 0008 0500 9005 00, BIC DRESDEFF604
KSK Ludwigsburg, IBAN DE19 6045 0050 0000 0772 08,
BIC SOLADES1LBG

Please add this statement to your records and register me for mhplus.
(Bitte nehmen Sie diese Bescheinigung zu Ihren Unterlagen und melden Sie mich bei der mhplus an.)

If changing my health insurance provider is not possible on the proposed start date,
then I will inform you accordingly.
(Sollte ein Krankenkassenwechsel zum beantragten Beginn noch nicht möglich sein,
informiere ich Sie entsprechend.)

Best regards
Freundliche Grüße,

Place, date, signature
(Ort, Datum, Unterschrift)

To be completed by mhplus: Broker number/Surname and first name of employee: (Nur durch mhplus zu befüllen (Vermittlernummer/Name, Vorname Mitarbeiter):

I would like to become (Ich möchte ab dem)	compulsory member (Pflichtmitglied)	voluntary member of mhplus (freiwilliges Mitglied der mhplus werden.)	Agent number (Vermittlernummer)
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Personal details (Meine Daten)

Surname (Name)	First name (Vorname)
Street (Straße)	Number (Hausnummer)
Postcode (PLZ)	Town/City (Ort)
Nationality (Nationalität)	State (Bundesland)
Telephone (Telefon)	Email (E-Mail)
Marital status (Familienstand)	Gender (Geschlecht)
	female (weiblich (w))
	male (männlich (m))
	other (divers (d))
	undefined (unbestimmt (x))
	Mandatory (freiwillige Angabe)

Social insurance number (Sozialversicherungsnummer)

If no social insurance number was requested (Ich habe noch keine Sozialversicherungsnummer. Bitte beantragen Sie diese für mich mit den folgenden Angaben:)

Date of birth (Geburtsdatum)	Maiden name (Geburtsname)
Place of birth (Geburtsort)	Country of birth (Geburtsland)

My tax ID is (Meine Steuer-ID)

(You will find this on your tax assessment notice.) ((Diese finden Sie auf Ihrem Steuerbescheid.))

Grounds for membership (Anlass der Mitgliedschaft)

My insurance contract has changed. (e.g. change of employer) (Mein Versicherungsverhältnis hat sich geändert.) (z. B. Wechsel des Arbeitgebers)	My insurance contract has not changed for more than 12 months. (My insurance contract has not changed for more than 12) (Mein Versicherungsverhältnis ist seit mehr als 12 Monaten unverändert. (Kassenwechsel bei unverändertem Versicherungsverhältnis))
My previous health insurance provider increased the additional contribution rate. (Meine bisherige Kasse hat den Zusatzbeitragssatz erhöht.)	I am taking out an insurance policy with a statutory health insurance provider for the first time. (Ich versichere mich zum ersten Mal bei einer gesetzlichen Krankenkasse.)
I am taking up employment in Germany for the first time (Ich nehme erstmals eine Beschäftigung in Deutschland auf.)	Other: (Sonstiges:)

I am an (Ich bin)	employee (Arbeitnehmer/in)	trainee (Auszubildende/r)	dual student (duale/r Student/in)
	I am voluntarily insured as an employee. This applies in situations where the annual salary is more than € 64,350.00. (Als Arbeitnehmer/in bin ich freiwillig versichert. Dies gilt, wenn das Jahresgehalt über 64.350,00 Euro liegt.)		
	My employer pays the voluntary health and nursing care insurance contributions. (Mein Arbeitgeber führt die Beiträge zur freiwilligen Kranken- und Pflegeversicherung ab.)		
	I pay the voluntary health and nursing care insurance contributions to mhplus. (Ich zahle die Beiträge zur freiwilligen Kranken- und Pflegeversicherung selber an die mhplus.)		
	Information regarding the calculation of the nursing care contribution: (Angaben zur Berechnung des Beitrages zur Pflegeversicherung:)	I have children (please enclose evidence). (Ich habe Kinder (bitte Nachweis mitsenden.))	
	I receive unemployment benefits (please enclose certificate). (Ich erhalte Arbeitslosengeld (bitte Bescheid mitsenden.))	I have Arbeitslosengeld (Ich habe Arbeitslosengeld)	I have applied for unemployment benefits II. (Arbeitslosengeld II beantragt.)

Notice: Additional cohorts – please complete the following page (Hinweis: Weitere Personengruppen - bitte Folgeseite ausfüllen)

Employer (Always ask employer for company number – always 8 digits.) (Angaben zum Arbeitgeber (Betriebsnummer bitte beim Arbeitgeber erfragen – immer 8-stellig.))	Telephone Telefon
Company name (Firmenname)	
Address (Adresse)	
Company number (Betriebsnummer)	Employee since (beschäftigt seit)

Other information (please tick applicable field) (Sonstige Angaben (bitte zutreffendes ankreuzen))

I also engage in self-employed activity (please complete the following page). (Ich übe zusätzlich eine selbstständige Tätigkeit aus (bitte **Folgeseite** ausfüllen.))

I draw a pension from the German Pension Insurance Association or a similar provider abroad (please enclose **pension approval** certificate). (Ich beziehe eine Rente der Deutschen Rentenversicherung oder eines vergleichbaren Trägers im Ausland (bitte **Rentenbescheid** mitsenden.))

I receive pension benefits, e.g. retirement pensions, company and supplementary pension benefits (please send **certificate** from the provider). (Ich erhalte Versorgungsbezüge, z. B. Pensionen, Betriebs- und Zusatzrenten (bitte **Bescheid** der Versorgungsstelle mitsenden.))

I receive pension benefits, e.g. retirement pensions, company and supplementary pension benefits (please send **certificate** from the provider). (Ich wurde auf Antrag von der Krankenversicherungspflicht befreit (bitte Kopie des **Bescheides** mitsenden.))

I receive benefits from the statutory health insurance scheme. (Ich erhalte Leistungen der gesetzlichen Pflegeversicherung.)

Angaben zur bisherigen Krankenversicherung (Angaben zur bisherigen Krankenversicherung)

I was most recently (Ich war bisher)	compulsorily insured (pflichtversichert)	voluntarily insured (freiwillig versichert)	covered as a family member (familienversichert)	privately insured (privat versichert)	<input type="checkbox"/> insured abroad (im Ausland versichert)
Name of previous health insurance company (Name der bisherigen Krankenkasse)	from (vom)	until (bis zum)			
I took part in an optional tariff there. (Ich habe dort an einem Wahltarif teilgenommen)					

Family insurance policy (Familienversicherung)

I would like to insure my family members free of charge. (Ich möchte meine Angehörigen kostenfrei mitversichern.)	Please send me an application. (Bitte senden Sie mir einen Antrag zu.)	The application is enclosed. (Der Antrag liegt bei.)
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Date (Datum) Signature (Unterschrift)

Privacy notice: Your data is collected and processed in accordance with legal regulations and this is required for the execution of your insurance contract pursuant to Sections 5 ff. of the Social Security Code (SGB V), as well as for the purposes of collecting contributions pursuant to Sections 226 ff. SGB V, 57 SGB XI. Information on data privacy and your rights as a data subject is available on our website www.mhplus-krankenkasse.de/datenschutz.
(Hinweis zum Datenschutz: Wir erheben und verarbeiten Ihre Daten auf Grundlage gesetzlicher Bestimmungen. Die Daten brauchen wir für die Durchführung Ihres Versicherungsverhältnisses nach §§ 5 ff. Sozialgesetzbuch Fünftes Buch (SGB V) und um Ihre Beiträge zu berechnen nach §§ 226 ff. SGB V, 57 SGB XI. Informationen zum Datenschutz und zu Ihren Rechten erhalten Sie unter: www.mhplus-krankenkasse.de/datenschutz.)

Surname, first name (Name, Vorname)

Date of birth (Geburtsdatum)

I am (Ich bin)Civil servant
(Beamter/Beamtin)Pensione
(Pensionär/in)Housewife/Househusband
(Hausfrau/Hausmann)Welfare recipient
(Sozialhilfeempfänger/in)Pupil (please enclose school **certificate**)
Schüler/in (bitte **Schulbescheinigung** mitsenden))Student (please enclose **certificate of studies.**)
(Student/in (bitte **Studienbescheinigung** mitsenden))Retired (please enclose **pension approval certificate**)
Rentner/in (bitte **Rentenbescheid** mitsenden))Retirement was requested
(Rente wurde beantragt)Date of application
(Antragsdatum)self-employed as:
(selbstständig als:)Start-up founder with a start-up grant (please enclose **certificate**)
(Existenzgründer/in mit Gründungszuschuss (bitte **Bescheid** mitsenden))Further information regarding self-employed activity:
(Weitere Angaben zur selbstständigen Tätigkeit:)Number of working hours per week
(Anzahl wöchentliche Arbeitsstunden:)Number of employees:
(Anzahl Beschäftigte:) of which persons in minor employment:
(davon geringfügig Beschäftigte:)I engage in the activity on a full-time basis.
(Ich übe die Tätigkeit hauptberuflich aus.)Please send me information about insurance with sickness benefits starting from the 7th week (only for those in full-time self-employment).
(Bitte senden Sie mir Informationen zur Versicherung mit Krankengeld ab Beginn der 7. Woche (nur für hauptberuflich selbstständig Tätige).)**Information about income (Angaben zu den Einkommensverhältnissen)**

My monthly gross income is above € 4.867,50 (€ 56.250,00 annually). (Meine monatlichen Bruttoeinnahmen liegen über 4.837,50 Euro (jährlich 58.050,00 Euro).)

My spouse is **not** insured in the statutory health insurance. (please enclose **proof of income**)
(Mein Ehegatte ist **nicht** in der gesetzlichen Krankenversicherung versichert (bitte **Einkommensnachweise** mitsenden).)Number of co-dependent children (without own income)
(Anzahl der unterhaltsberechtigten Kinder (ohne eigene Einnahmen):)Of which joint children
(davon gemeinsame Kinder)

Gelir ile ilgili bilgiler (Angaben zu den Einnahmen)	monthly € amount (monatlich Euro)	annual € amount (jährlich Euro)	Please enclose copies of the following supporting documents (bitte folgende Nachweise in Kopie mitsenden)
Income from self-employed activity (Einnahmen aus selbstständiger Tätigkeit) (this includes income from a photovoltaic system) (hierzu zählen auch Einnahmen aus einer Photovoltaikanlage)			Most recent income tax assessment (in full) and business registration (letzter Einkommensteuerbescheid (vollständig) und Gewerbeanmeldung)
Wage/salary from employment (Lohn/Gehalt aus einer Beschäftigung) Gross monthly remuneration (Monatliches Bruttoentgelt)			Most recent payslip (letzte Gehaltsabrechnung)
One-off payments in the last 12 months (Einmalzahlungen der letzten 12 Monate)			Evidence of the one-off payment (Nachweis über die Einmalzahlung)
Other non-cash benefits (e. g. company car) (Sonstiger geldwerter Vorteil (z. B. Dienstwagen))			Evidence of non-cash benefits (Nachweis über den geldwerten Vorteil)
Pension(s) e. g. old-age, survivor's and accident pensions, foreign pensions (z. B. Alters-, Hinterbliebenen- und Unfallrenten, ausländische Renten)			
Type: (Art:)			current pension approval certificate (aktueller Rentenbescheid)
Type: (Art:)			current pension approval certificate (aktueller Rentenbescheid)
Gross pension benefits e. g. retirement pensions, company and supplementary pension benefits (z. B. Pensionen, Betriebs- und Zusatzrenten)			
Type: (Art:)			current pension approval certificate (aktueller Rentenbescheid)
Type: (Art:)			current pension approval certificate (aktueller Rentenbescheid)
One-off payments (Einmalzahlungen)			Evidence of the one-off payment (Nachweis über die Einmalzahlung)
Income from letting and leasing (Einnahmen aus Vermietung und Verpachtung)			Most recent tax assessment (in full) (letzter Einkommensteuerbescheid (vollständig))
Interest and other income from capital assets (Zinsen und sonstige Einnahmen aus Kapitalvermögen)			Most recent tax assessment (in full) (letzter Einkommensteuerbescheid (vollständig))
Redundancy payment (Abfindung)			Agreement regarding redundancy payment (Vertrag über die Abfindung)
Social benefits/Basic provision (Sozialhilfe/Grundsicherung)			Social benefits certificate (Sozialhilfebescheid)
Other income – Type: (Sonstige Einnahmen – Art:)			Evidence of income (Nachweis über die Einnahmen)

My income is below € 1.038,33 per month; my livelihood is ensured by:
(Meine Einnahmen liegen unter 1.096,67 Euro monatlich. Mein Lebensunterhalt wird sichergestellt durch)**This information is only required for a membership application for minors: (Diese Angaben brauchen wir nur bei einem Antrag für Minderjährige:)**First name, surname, date of birth of legal representative and address (if different)
(Vorname, Name, Geburtsdatum des/der gesetzlichen Vertreter/s und eventuell abweichende Anschrift)**Information regarding the calculation of the nursing care contribution (Angaben zur Berechnung des Beitrages zur Pflegeversicherung)**I have children (please enclose **evidence**, e. g. birth certificate or certificate of descent). (Ich habe Kinder (bitte **Nachweis**, z. B. Geburtsurkunde oder Abstammungsurkunde mitsenden).)

I confirm that all the information provided is truthful. I will immediately inform you of any future changes. I will send you appropriate evidence for this purpose (e. g. income tax assessment). I am aware that incomplete or false information may result in subsequent billing of the contribution. (Ich versichere, dass alle Angaben der Wahrheit entsprechen. Über alle künftigen Veränderungen informiere ich Sie gleich. Dazu sende ich Ihnen geeignete Nachweise (z. B. Einkommensteuerbescheid). Mir ist bekannt, dass unvollständige oder unwahre Angaben zur Nachberechnung des Beitrages führen.)

(Datum)

Unterschrift (Unterschrift)

Privacy.

mhplus looks after your data.

The protection of your data is very important to us. That is why we inform you about which data we process.

The purpose of your consent

mhplus informs you about your insurance coverage. You also receive information from us about new benefits and services. We also inform you about offers from our partner, the private health insurance company. In this way, you are able to benefit from attractive extras! These extras are tailored to your professional or private needs. mhplus may also invite you to take part in a customer survey from time to time. This is because your opinion and experiences are important to us! They help us to optimise our service for you. mhplus may also commission a service provider to receive or request certain information from you. This includes information about quality, services and insurance policies.

Which date is processed by mhplus?

mhplus only processes data that is specified as part of your consent to the processing of your data.

Is the data passed on to third parties?

When we commission a legitimate service provider, we only pass on the data that is specified as part of your consent to the processing of your data. This means that the service can be provided.

How long is the data stored?

The data from your consent to the processing of your data is stored for as long as you are insured with us or until you withdraw your consent. In the event that we pass on your data to a service provider for the purpose of carrying out an assignment, the service provider is permitted to store the data until the assignment has been completed. As soon as the assignment is complete, the service provider must delete the relevant data. mhplus receives written confirmation of this from the service provider.

Where can you withdraw your consent?

Simply send us an email at info@mhplus.de. Or you can call us on: 07141 9790-0. Important: Use the keyword "declaration of consent". You can withdraw your consent immediately at any time with effect for the future, or you can withdraw certain aspects of your consent.

Information regarding additional consent (sales partners and supplementary private insurance)

Did you commission a sales partner to take care of your membership application for mhplus? If so, mhplus can pass on information that is directly related to your membership:

- Beginning, end or non-materialisation of mhplus membership
- Changes to insurance relationship

Have you taken out a private supplementary insurance policy with a partner of mhplus? In this case, we pass on or process the following data:

- Beginning, end or non-materialisation of mhplus membership
- Beginning, end and type of supplementary private health insurance and name of the insurance company

Benefit to you: This ensures that you can take advantage of all of the benefits and savings resulting from the partnership.

Legal basis for processing of data

The data is processed based on consent provided by the data subject in accordance with Article 6(1)(a) General Data Protection Regulation (GDPR).

You can find further information about data protection and our Data Protection Officer at:

www.mhplus-krankenkasse.de/datenschutz

A. General information about the member (main insured person) (Please **only tick** applicable fields, do not cross out fields) (Angaben Mitglied (Hauptversicherter) (Bitte zutreffende Felder nur ankreuzen.))

Surname, first name of member
(Name, Vorname)

Insurance number:
(Versicherungsnummer:
(This is available on your mhplus health card.)
(Diese steht auf Ihrer mhplus-Gesundheitskarte.))

I was previously*
(Ich war bisher*)

insured as a member with covered
(als Mitglied versichert)

as a family member with
(familienversichert bei)

not covered by statutory health insurance
(nicht gesetzlich versichert)

Name of health insurance scheme
(Name der Krankenkasse)

*) Information required at start of main insured person's membership at mhplus BKK (e. g. change of provider).
(*) Eine Angabe ist nur notwendig bei Beginn der Mitgliedschaft des Mitglieds bei der mhplus (z. B. Kassenwechsel).

Marital status (Familienstand)

single
(ledig)

married**
(verheiratet**)

separated**
(getrennt lebend**)

divorced
(geschieden)

widowed
(verwitwet)

registered civil partnership acc. to the Recognition of Same-Sex Unions in Germany – LPartG**
(eingetragene Lebenspartnerschaft nach dem LPartG**)

**) In this case, please add the details under the column "Spouse"
(**) Bitte machen Sie weitere Angaben in der Spalte „Ehepartner/in“.)

Reason for family insurance: (Anlass für die Familienversicherung)

Start of membership with mhplus
(Beginn meiner Mitgliedschaft)

Birth of child
(Geburt des Kindes)

Move to Germany from abroad
(Zuzug aus dem Ausland)

Membership of dependent was stopped
(Ende der eigenen Mitgliedschaft meines Angehörigen)

Marriage
(Heirat)

Other
(Sonstiges)

Contact (voluntary disclosure) (Kontakt (freiwillige Angabe))

My telephone number: (Meine Telefonnummer)

My email address: (Meine E-Mail-Adresse)

B. Information about family members (B. Angaben zu Familienangehörigen)

Please only provide **information** for **family members** that you would like insure under your mhplus policy for free.
(Bitte machen Sie die **Angaben** nur für die **Angehörigen**, die Sie bei Ihrer mhplus kostenfrei mitversichern möchten.)

We also need **information** regarding your **spouse/partner** even if you **only** wish to **insure** your **children**. We also require information regarding the income of your spouse/partner where + she/he is not insured under a statutory scheme and + is related to the children.

(Auch wenn Sie **nur Ihre Kinder mitversichern** möchten, **brauchen wir die Angaben** zu Ihrer/Ihrem **Ehe-/Lebenspartner/-in**. Zusätzlich brauchen wir die Angaben zu Einkünften Ihres Ehe-/Lebenspartners, wenn) (+ sie/er nicht gesetzlich versichert ist und) (+ mit den Kindern verwandt ist.)

If this is the case, please send proof of your spouse/partner's **income**. Supplements that are paid in consideration of the marital status are not considered. Many thanks!
(Bitte senden Sie dann die **Einkommensnachweise** Ihres Ehe-/Lebenspartners mit. Zuschläge, die mit Rücksicht auf den Familienstand gezahlt werden, bleiben unberücksichtigt. Herzlichen Dank!)

Family member (Angehörige/r)	Spouse (Ehepartner/in)	Child (Kind)	Child (Kind)	Child (Kind)
Start of family insurance policy (Beginn der Familienversicherung)				
Surname*** (Name***)				
First name (Vorname)				
Date of birth (Geburtsdatum)				
Sex (Geschlecht) (m = male, f = female, männlich (m), weiblich (w). o = other, x = undefined) (divers (d), unbestimmt (x))	(m)/(m) (f)/(w)	(m)/(m) (f)/(w)	(m)/(m) (f)/(w)	(m)/(m) (f)/(w)
Address, if different (eventuell abweichende Anschrift)	(o)/(d) (x)/(x)	(o)/(d) (x)/(x)	(o)/(d) (x)/(x)	(o)/(d) (x)/(x)
Family relationship of member to child (Verwandtschaftsverhältnis zum Mitglied)	natural child/adopted child (leibliches Kind/Adoptivkind)	natural child/adopted child (leibliches Kind/Adoptivkind)	natural child/adopted child (leibliches Kind/Adoptivkind)	natural child/adopted child (leibliches Kind/Adoptivkind)
	stepchild (Stiefkind)	stepchild (Stiefkind)	stepchild (Stiefkind)	stepchild (Stiefkind)
	grandchild (Enkelkind)	grandchild (Enkelkind)	grandchild (Enkelkind)	grandchild (Enkelkind)
	foster child (Pflegekind)	foster child (Pflegekind)	foster child (Pflegekind)	foster child (Pflegekind)
Is the spouse/civil partner related to the child? (Ist Ihr/e Ehe-/Lebenspartner/in mit dem Kind verwandt?)	No (Nein) Yes (Ja)	No (Nein) Yes (Ja)	No (Nein) Yes (Ja)	No (Nein) Yes (Ja)

**Surname, first name
(Name, Vorname)**

**Insurance number:
(Versicherungsnummer)**

Family member (Angehörige/r)	Spouse (Ehepartner/in)	Child (Kind)	Child (Kind)	Child (Kind)
First name (Vorname)				

Information on the previous or existing insurance policy of family members (Angaben zur bisherigen oder zur weiter bestehenden Versicherung der Familienangehörigen)

The previous insurance policy (Die bisherige Versicherung)				
<ul style="list-style-type: none"> continues: (besteht weiter) ended on: (endete am) with (bei) (name of the health insurance provider / health insurance policy): ((Name der Krankenkasse / Krankenversicherung)) 	No (Nein) Yes (Ja)			
<ul style="list-style-type: none"> Type of insurance: Membership (1), Family insurance policy* (2), Not insured under a statutory scheme (3) (Art der Versicherung: Mitgliedschaft (1), Familienversicherung* (2), nicht gesetzlich versichert (3)) <p>(please tick) ((bitte ankreuzen))</p>				
If there was recently a family insurance, please state the surname and first name of the individual from whose membership the family insurance was derived. (Bestand zuletzt eine Familienversicherung?) (Dann geben Sie bitte den Namen und Vornamen der Person an, über die bisher die Angehörigen versichert waren.)	(First name) ((Vorname)) (Surname) ((Name))	(First name) ((Vorname)) (Surname) ((Name))	(First name) ((Vorname)) (Surname) ((Name))	(First name) ((Vorname)) (Surname) ((Name))

*) **Please note** that the family insurance policy cannot be taken out with different health insurance providers at the same time.

(*) **Wichtig für Sie:** Die Familienversicherung kann nur bei einer Krankenkasse durchgeführt werden.

Information regarding the income of family members (Angaben zum Einkommen von Familienangehörigen)

My relative/my relatives have own income (Mein Angehöriger/meine Angehörigen haben eigenes Einkommen)	No (Nein) Yes (Ja)	No (Nein) Yes (Ja)	No (Nein) Yes (Ja)	No (Nein) Yes (Ja)
If you answer with "yes", please enclose corresponding supporting documents, e. g. copy of the most recent income tax assessment (Bei Angabe mit „Ja“ bitte entsprechende Nachweise mitsenden, z. B. Kopie des aktuellen Einkommensteuerbescheides.)				
Self-employed activity since (Selbstständige Tätigkeit seit) monthly income from independent work (monatlicher Gewinn aus selbstständiger Tätigkeit)		Euro (Euro)	Euro (Euro)	Euro (Euro)
Gross monthly remuneration from employment (Monatliches Bruttoarbeitsentgelt aus einer Beschäftigung) Compensation for dismissal (e. g. redundancy payment) (Entlassungentschädigung) ((z. B. Abfindung))		Euro (Euro)	Euro (Euro)	Euro (Euro)
Gross monthly remuneration from a mini-job (Monatliches Bruttoarbeitsentgelt aus Minijob)		Euro (Euro)	Euro (Euro)	Euro (Euro)
State pension, pensions, company pension, foreign pension, other pensions (monthly payment amount) (Gesetzliche Rente, Versorgungsbezüge, Betriebsrente, ausländische Rente, sonstige Renten) (Monatlicher Zahlungsbetrag)		Euro (Euro)	Euro (Euro)	Euro (Euro)
Other regular income (pursuant to income tax law, e. g. net pay from more than minor employment, income from capital assets, income from letting and leasing) Period in which income was or is obtained) Income amount (yearly) (Sonstige regelmäßige Einkünfte im Sinne des Einkommensteuerrechts) ((z. B. Einkünfte aus Vermietung und Verpachtung, Einkünfte aus Kapitalvermögen)) Type of income (Art der Einkünfte)		Euro (Euro)	Euro (Euro)	Euro (Euro)
My relative/my relatives receive unemployment benefits (Mein Angehöriger/meine Angehörigen erhalten Arbeitslosengeld oder Arbeitslosengeld II)	No (Nein) Yes (Ja)	No (Nein) Yes (Ja)	No (Nein) Yes (Ja)	No (Nein) Yes (Ja)

Surname, first name
(Name, Vorname)

Insurance number:
(Versicherungsnummer)

Family member (Angehörige/r)	Spouse (Ehepartner/in)	Child (Kind)	Child (Kind)	Child (Kind)
First name (Vorname)				

Additional information about family members (Weitere Angaben zu Familienangehörigen)

School attendance/Studies Please enclose certificate of attendance or enrolment certificate for children aged 23 years and above. (Schul- oder Studienzeit) (Bitte bei Kindern ab 23 Jahren Schul- oder Studienbescheinigung mitsenden.)		from (von) til (bis)	from (von) til (bis)	from (von) til (bis)
Military or community service (Please enclose certificate of service.) (Wehrdienst oder gesetzlich geregelter Freiwilligendienst) (Bitte Dienstzeitbescheinigung mitsenden.)		from (von) til (bis)	from (von) til (bis)	from (von) til (bis)

**Details about the allocation of an insurance number for family members
(Angaben zur Vergabe einer Krankenversicherungsnummer für familienversicherte Angehörige)**

Social insurance number (Rentenversicherungsnummer)				
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The following information is only required if a social insurance number has not yet been allocated.
(Die folgenden Angaben werden nur dann benötigt, wenn noch keine Rentenversicherungsnummer vergeben wurde.)

Maiden name (Geburtsname)				
Place of birth (Geburtsort)				
Country of birth (Geburtsland)				
Nationality (Staatsangehörigkeit)				

I confirm that the information provided is correct. I will inform you about changes immediately. This applies in particular if the income of my above-mentioned relatives changes (e. g. new income tax assessment in the case of self-employment) or if they become a member of a (different) health insurance fund.

(Ich bestätige, dass die Angaben richtig sind. Über Änderungen informiere ich Sie gleich. Das gilt auch, wenn sich das Einkommen meiner Angehörigen verändert (z. B. neuer Einkommensteuerbescheid bei selbstständiger Tätigkeit) oder diese Mitglied einer (anderen) Krankenkasse werden.)

Date
(Datum)

Signature of member
(Unterschrift des Mitglieds)

With the signature, I hereby declare that I obtained the consent of family members to submit the necessary data.
(Mit der Unterschrift erkläre ich, die Zustimmung der Familienangehörigen zur Abgabe der erforderlichen Daten erhalten zu haben.)

Signature of family member
(Unterschrift des/der Familienangehörigen)

For family members who live apart, the signature of the family member suffices.
(Bei getrennt Lebenden reicht die Unterschrift des Familienangehörigen aus.)

Did you know?

Astounding facts about our services.



79,000

Emails per year

That is how many emails we receive – and we are happy to respond to them. What's more, with emails, you are also doing your bit to save paper.



3,100,000

Call minutes per year

That is how much time we spend providing advice over the phone. Because a good conversation should only end when your questions have been answered.



10,600

Hours of movement per year

That's how much activity our young policy holders do as part of our Sturmfrei summer holiday programme. Unfortunately, there is no way to measure the amount of fun had by all.

5.3 million



Visits to the doctor per year

This is how many doctor appointments were attended – whether for preventive healthcare or for treatment. And almost every policy holder visited the doctor at least once.

We are: Open to life – in everything that we do.

Because only in this way can we reliably look after your health.

Baden-Württemberg/ Rhineland-Palatinate:

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71636 Ludwigsburg, Germany
Phone: +49 (0) 7141 9790-0
Fax: +49 (0) 7141 9790-113
Email: info-ludwigsburg@mhplus.de

Schleswig-Holstein/Hamburg/ Mecklenburg-Vorpommern/Lower Saxony:

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Zur Sägemühle 1
23558 Lübeck, Germany
Phone: +49 (0) 451 8109-0
Fax: +49 (0) 451 8109-199
Email: info-luebeck@mhplus.de

Berlin/Thuringia/

Hesse/Saxony:

mhplus Betriebskrankenkasse
Harjesstraße 12
99867 Gotha, Germany
Phone: +49 (0) 3621 7362-0
Fax: +49 (0) 3621 7362-804
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North Rhine-Westphalia:

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Hochstadenring 50
53119 Bonn, Germany
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Fax: +49 (0) 228 971448-8578
Email: info-bonn@mhplus.de

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Bahnhofstraße 6–8
84163 Marklkofen, Germany
Phone: +49 (0) 8732 9399-0
Fax: +49 (0) 8732 9399-516
Email: info-marklkofen@mhplus.de

mhplus Betriebskrankenkasse is represented in the following locations with additional offices:

Aalen-Unterkochen, Albstadt, Augsburg,
Metzingen, Meuselwitz, Nuremberg,
Raubling, Rheinfelden, Sonneberg,
Speyer, Stockstadt and Straubing.

We're here for you.

Simply give us a call. You can reach us:

- Monday to Friday: from 7am to 8pm
- Saturday: from 10am to 1pm

Of course, you can also contact us through different channels:





Website:

www.mhplus.de

mhplus app:

You can get in touch with us quickly using the chat feature in your mhplus app – www.mhplus.de/mhplus-app

Social media:

-  facebook.com/mhplus
-  instagram.com/deine_mhplus
-  twitter.com/mhplus_news
-  youtube.com/mhplusTV

Become a part of the mhplus team now!

We are always looking for new staff to ensure that we are able to continuously do more for our policy holders.

You can find all available positions here: www.mhplus.de/karriere

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