FILL OUT IN CAPITAL LETTERS - DATES: DDMMYY

I want to join the HK union from		

CPR-number		NAME	
Address			
Postal code	City		Mobile
E-mail			

Education information

Type of education			
Education start		Education finish	

Fill out if you are employed

Employer's name			
Employer's address			
Postal code	City		Employer's phone no.
Position			Working hours per week

For unemployment fund (a-kasse) membership, fill out below

Type of membership	(x)	Full-time insured (max. 37 hours per week)	(x)	Part-time insured (max. 30 hours per week)	I am currently insured by another unemployment fund (Yes) (No)
I (or my spouse) own my own business, have a VAT (moms) registration or own shares in the company in which I am employed (Yes) (No)					If no - I have formerly been insured by an unemployment fund (Yes) (No)
I receive anticipatory pension, have a flex job, receive benefits according to the social policy activation scheme, or my employer receives salary support (not trainee reimbursement) (Yes) (No)					If you have answered yes to one of the above, give the name of the unemployment fund below:
I am a Danish citizen or I have a permanent work and residency permit (Yes) (No)					

Fill out if you do not want to sign up for HK's insurance schemes

NO	(x)	I do not want to sign up for HK full time personal accident insurance (DKK 45 per month).	NO	(x)	I do not want to sign up for HK special health insurance (DKK 56 per month). I am aware that if, at a later point in time, I wish to sign up, I will have to submit satisfactory health information.

(For further information about the insurance schemes, contact ALKA: tel. 70121416 or visit hk.dk/forsikring)

Bank information	Reg. no.		Account no.	
Date		Signature		

Standard

Please send this form to: HK@HK.dk