

Form

A

Application for an exemption from compulsory health insurance in Switzerland

For persons in basic and continuing education and training, doctoral candidates

Please read our factsheets about compulsory health insurance in Switzerland carefully before completing this form.


A Applicant

Surname _____ First name _____ Date of birth _____



Address in Switzerland (Street, postcode, city) _____

Telephone number _____ E-mail _____ @ _____

Nationality _____ Marital status _____ Sex ☐ w ☐ m

Residence permit ☐ B ☐ C ☐ G ☐ L ☐ other _____ →  Enclose copy

1. Health insurance

- ☐ Privately insured¹ → Foreign health insurance company must sign Section B (Insurance policies are not accepted)
- ☐ Covered by parents' statutory health insurance in an EU state →  Enclose certificate S1 (E 109) (issued by health insurance scheme)
- ☐ Covered by statutory health insurance (alone) →  Enclose copy of your European insurance card (Do not complete Section B)

2. Reasons for stay and for exemption

Date of arrival in the Canton of Bern (DD.MM.YYYY): _____

☐ Arrival from abroad ☐ Arrival from another canton (name): _____





I wish to apply for an exemption from (DD.MM.YYYY) _____ to (DD.MM.YYYY) _____

I already have an exemption in the Canton of Bern until (DD.MM.YYYY): _____

I already have an exemption in the Canton of (name of your previous canton of residence) _____

→  Enclose copy of the exemption ruling from your previous canton of residence

3. My occupation / Status

- ☐ Assistant physician →  Enclose copy of your employment contract
- ☐ Student/school pupil →  Enclose copy confirmation of matriculation
- ☐ Intern →  Enclose copy of your employment/internship contract
- ☐ Doctoral student →  Enclose copy of your contract **and** confirmation of matriculation
- ☐ Other occupation/status: _____

Name/address of employer/educational institution: _____

4. Family members


¹ Private foreign health insurance scheme and student insurance scheme
122013





Family members are spouses and children under the age of 18 or children under the age of 25 who are still in full-time education.

- ☐ I am single and have no children ☐ I am single and have children
☐ I am married and have no children ☐ I am married and have children

My family lives in Switzerland

→  Please enclose copies of the residence permits of all family members

- ☐ My spouse is in gainful employment (your family is not eligible for an exemption from the obligation to be insured)
 Enclose copies of the insurance policies from the Swiss health insurance company (mandatory basic insurance under the HIA) for all family members.
- ☐ My spouse is not in gainful employment and my family has mandatory basic insurance with a Swiss health insurance company
→  Enclose copies of the insurance policies from the Swiss health insurance company
- ☐ My spouse is not in gainful employment and I also wish to apply for an exemption for the following family members not in gainful employment:

Surname	First name	Date of birth	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My family lives in an EU/EFTA state

Address/city/country: _____

- ☐ My spouse is in gainful employment
- ☐ My spouse is not in gainful employment and I also wish to apply for an exemption for the following family members not in gainful employment:

Name	First name	Date of birth	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Remarks / Reason for application

7. Undertaking and signature

I, the applicant, hereby confirm, that I have answered all the questions fully and truthfully.

I hereby undertake to notify the Social Insurance Office of the termination of the insurance contract and of any reduction in insurance cover that no longer guarantees equivalence with compulsory Swiss health insurance.

Place, date

Signature of Applicant

 **Please remember to enclose the required documents. Many Thanks.**

→ **Please go to page 3**



B**Health insurance (Confirmation of equivalent insurance cover)**

An insurance policy or a separate letter from the health insurance scheme will not be accepted.

Name of the insured person _____ Date of birth _____

and the insured family members not in gainful employment _____

The undersigned health insurance scheme confirms that the abovementioned person(s) during his/her/their stay in Switzerland **from** (DD.MM.YYYY) _____ **to** (DD.MM.YYYY) _____ is/are entitled to full reimbursement of healthcare costs in accordance with the Federal Act on Health insurance (see Art. 25 – 31 HIA) **and** that the Office for Social Insurance will be notified in the event of the termination of the health insurance contract provided the person(s) remain resident in Switzerland (guarantee of compulsory health insurance cover).

Place, date _____

Stamp and signature of the health insurance scheme _____

Full address of the health insurance (if not clear from stamp) _____

Federal Act on Health Insurance (HIA)

Stand 01.01.2010

Art. 25 General benefits in the event of illness

¹ Compulsory health insurance covers the costs of diagnosing and treating an illness and its consequences.

² General benefits cover:

- a. examinations and treatments received as an out-patient, as an in-patient or in a nursing home, as well as the nursing services provided in a hospital by:
 - 1. doctors,
 - 2. chiropractors,
 - 3. persons providing services prescribed or ordered by a doctor or a chiropractor;
- b. analyses, medicines, and equipment for examinations or treatment prescribed by doctors and, subject to the requirements determined by the Federal Council, by chiropractors;
- c. a contribution to the costs of spa treatments prescribed by a doctor;
- d. medical rehabilitation measures carried out or prescribed by a doctor;
- e. a stay in the general ward of a hospital;
- f. ...
- fbis a stay in a birth centre for the purpose of childbirth (Art. 29);
- g. a contribution towards medically required transport costs and the costs of rescue;
- h. the services of pharmacists in dispensing the medicine prescribed in accordance with letter b.

Art. 26 Prophylactic medicine

Compulsory healthcare insurance covers the costs of certain examinations aimed at the early detection of disease and the costs of prophylactic measures for the benefit of insured persons who are especially at risk. The examinations or prophylactic measures must be carried out or prescribed by a doctor.

Art. 27 Congenital defects

In the case of congenital defects (Art. 3 para. 2 GSSLA²) that are not covered by invalidity insurance, compulsory healthcare insurance covers the costs of the same services as in the case of illness.

Art. 28 Accidents

In the case of accidents in terms of Article 1 paragraph 2 letter b, compulsory healthcare insurance covers the costs of the same services as in the case of illness.

Art. 29 Maternity

¹ In addition to the costs of the same services as in the case of illness, compulsory healthcare insurance covers the costs of the services specifically required in maternity cases.

² These services include:

- a. the check-ups carried out by doctors or midwives or prescribed by doctors during and after pregnancy;
- b. delivery at home, in a hospital or a birth centre as well as obstetrics services provided by doctors or midwives;
- c. the required advice on breast-feeding;
- d. the care and stay of a healthy new-born child for as long as it stays with its mother in hospital.

Art. 30 Lawful termination of pregnancy

In the case of a lawful termination of pregnancy in accordance with Article 119 of the Swiss Criminal Code, compulsory healthcare insurance covers the costs of same services as in the case of illness.

Art. 31 Dental treatment

¹ Compulsory healthcare insurance covers the costs of dental treatment where:

- a. it is caused by a serious and unavoidable disease of the masticatory system; or
- b. it is caused by any other serious illness or its after-effects; or
- c. it is required in order to treat a serious illness or its after-effects.

² It also covers the costs of the treatment of injuries to the masticatory systems caused by an accident in terms of Article 1 paragraph 2 letter b.

² Federal Act of 6 October 2000 on General Aspects of Social Security Law.
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