



<p>Form A</p>	<p>Application for an exemption from compulsory health insurance in Switzerland</p> <p>For persons living in Switzerland for the purpose of basic/continuing education and training and who have private¹ health insurance</p>
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Before completing this form, please read our factsheet “Information for persons living in Switzerland for the purpose of basic/continuing education and training” carefully.

A	Applicant
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Name _____ First name _____ Date of birth _____

Address in Switzerland (Street, postcode, town) _____

Telephone number _____ E-mail _____ @ _____

Nationality _____ Marital status _____ Sex f m

Residence permit B C G L other _____ → Enclose copy

Name of course of studies: _____

1. Health insurance

If you have private health insurance: Please complete this form in full and arrange for your health insurance company to complete and confirm Section B (the insurance policy is not sufficient proof of insurance cover!).

If you are insured in an EU state under a **statutory** health insurance scheme: Please read our factsheet “Information for persons living in Switzerland for the purpose of basic and continuing education and training”. Please do not complete this form.

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 (which?): _____

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

- | | |
|---|---|
| <input type="checkbox"/> Student/School pupil | → Enclose copy of confirmation of matriculation |
| <input type="checkbox"/> Trainee | Enclose copy of your traineeship contract and indicate in Section 6 whether the traineeship is part of your basic or continuing education and training |
| <input type="checkbox"/> Au-pair | → Enclose copy of au-pair contract of employment |
| <input type="checkbox"/> Assistant physician | → Enclose copy of contract of employment |
| <input type="checkbox"/> Doctoral student | → Enclose copy of contract of employment and confirmation of matriculation |
| <input type="checkbox"/> Intern (stagiaire) | → Enclose copy of contract of employment and indicate in Section 6 whether the internship is directly connected with the completed professional training. |

¹ Private foreign health insurance or student health insurance

(3. My occupation / Status)

Other occupation/status _____

Name/address of employer/educational institution: _____

4. Reason for stay in Switzerland (purpose of stay in Switzerland)

Please place a cross against the applicable statement (only one answer is possible)

The reason for my stay in Switzerland is my basic/continuing education and training. I intend to leave Switzerland after completing my basic/continuing education and training, or I have not yet decided whether I will leave or not.

The reason for my stay in Switzerland has changed (I came to Switzerland for my basic/continuing education and training, but the reason for my stay is now different, e.g. employment, living with partner or family).

Basic/continuing education and training is not the main reason for my stay in Switzerland (e.g. the main reason is to live with my partner/my family and/or my employment in Switzerland). On completing my basic/continuing education and training, I remain in Switzerland.

Further remarks: _____

5. Family members

Family members are spouses and children under the age of 18 or young adults under the age of 25 who are still in education or training

Please place a cross against the applicable statement (more than one answer is possible)

I am single I am married/live in a registered partnership I have children

Spouse or life partner:

Surname: _____ First name: _____ Date of birth: _____

Home address: _____ Nationality: _____

Name of health insurance company/state: _____

not in gainful employment in gainful employment in (State) _____

receives pension from (State) _____ receives unemployment benefit from (State) _____

taking parental leave in (State) _____ from _____ to _____

1st child:

Surname: _____ First name: _____ Date of birth: _____

Home address: _____ Nationality: _____

Name of health insurance company/state: _____

not in gainful employment in education/training until: _____

in gainful employment in (State) _____ receives pension from (State) _____

receives unemployment benefit from (State) _____

2nd child:

Surname: _____ First name: _____ Date of birth: _____

Home address: _____ Nationality: _____

Name of health insurance company/state: _____

not in gainful employment in education/training until: _____

in gainful employment in (State) _____ receives pension from (State) _____

receives unemployment benefit from (State) _____

3rd child:

Surname: _____ First name: _____ Date of birth: _____

Home address: _____ Nationality: _____

Name of health insurance company/state: _____

(3rd child)

not in gainful employment
 in education/training until: _____
 in gainful employment in (State) _____
 receives pension from (State) _____
 receives unemployment benefit from (State) _____

I also wish to apply for an exemption for the following family members:

Surname	First name	Date of birth	Family relationship

6. Remarks / Reason for application

Must be completed by all trainees/interns (stagiaires) → see chapter 3!

7. Undertaking and signature

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

I 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

B	Private health insurance (confirmation of equivalent insurance cover) An insurance policy or a separate letter from the health insurance scheme is not sufficient proof of insurance cover!
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Name of the insured person _____ Date of birth _____

and the insured family members not in gainful employment _____

The undersigned health insurance scheme confirms (on page 4) 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(s) resident in Switzerland (guarantee of compulsory health insurance cover).

Federal Act on Health Insurance (HIA)

Status as of 01.01.2015

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. (repealed)
- f^{bis} 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. 25a Nursing services in the event of illness

¹ Under compulsory healthcare insurance, a contribution is made to nursing services that are provided on the instructions of a doctor as an out-patient and where there is a clear need for nursing care on an outpatient basis, in day or night structures, or in a nursing home.

² Acute and transitional care services that prove necessary following discharge from hospital and which are prescribed by a doctor in hospital are paid for by the compulsory healthcare insurance and by the insured's canton of residence for a maximum period of two weeks in accordance with the hospital funding regulations (Art. 49a Payment for in-patient services). Insurers and service providers shall agree on flat rate fees.

³ The Federal Council shall designate the nursing services and regulate the procedure for ascertaining the need.

⁴ The Federal Council shall specify the contributions in francs and differentiate them based on the level of care required. The decisive factor is the cost according to the need for care of nursing services provided with the required quality and efficiency at a reasonable cost. Nursing services shall be subject to quality control. The Federal Council shall specify the procedures.

⁵ In relation to nursing costs not covered by social insurances, a maximum of 20 per cent of the maximum care contribution fixed by the Federal Council may be passed on to the insured. The cantons shall regulate the payment of the remainder of the costs.

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 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 (accident not covered by accident insurance).

Place, date

Stamp and signature of the health insurance scheme

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