



<p>Form M</p>	<p>Compulsory health insurance Verification of your obligation to have health insurance in Switzerland</p>
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Based on the information and documents that you provide, we will verify your obligation to have health insurance in Switzerland and advise you on any further action to be taken.

Surname _____ First name _____ Date of birth _____

Social insurance number: 756. _____

Address in Switzerland (Street, postcode, town) _____

Entered Switzerland on: _____ Entered the canton of Bern on: _____

Nationality _____ Marital status _____ Sex f m

Telephone number _____ E-mail _____ @ _____

I have the following question/concern:

1. Residence or work permit

I am in possession of the following permit:

Please place a cross against the applicable statement

→ Please enclose a copy of the permit

- Residence permit B
- Residence permit L
- Residence permit C
- Residence permit EU/EFTA without gainful economic employment
- 90-day permit
- 120-day permit
- Cross-border commuter permit and I have been in gainful employment in the canton of Bern since _____
- Legitimation card (in the case of gainful employment for an embassy or international organisation)
- I am a Swiss citizen and therefore do not have a residence or work permit
- I have dual citizenship Switzerland/_____ and therefore do not have a residence/work permit

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

- I am resident in Switzerland: I have been here since: _____
- I am resident abroad; I have been there since: _____
- My main place of residence is in (State): _____
- I am staying temporarily in Switzerland; from _____ to _____
- The purpose of my stay in Switzerland is: _____
- I am staying temporarily abroad; from: _____ to: _____ State: _____
- The purpose of my stay abroad (e.g. travelling, studying, work, living with partner): _____

Further remarks: _____

2. Purpose of stay in Switzerland (reason for residence in Switzerland)

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

- The reason for my stay in Switzerland is to work in Switzerland
- The reason for my stay in Switzerland is to live with my life partner and/or my family
- I intend to move my place of residence to Switzerland (or I have already moved my place of residence to Switzerland)
- 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)
- I intend to remain in Switzerland after completing my basic/continuing education and training (e.g. to live with my partner, to seek employment in Switzerland)
- The purpose of my stay has changed (e.g. on entry: education, current purpose of stay: living with partner). When did the purpose of your stay change? (date): _____
- The reason for my stay is as follows: _____

3. Details of your current health insurance

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

- I have a basic compulsory insurance under HIA with the following health insurance company: _____
- I have a basic compulsory insurance under HIA and have foreign health insurance (duplication of insurance cover)
- I am privately insured (e.g. international health insurance company, student health insurance)
Name of the health insurance company: _____
- I am insured in an EU/EFTA state under my parents' statutory health insurance scheme
- I have statutory health insurance in an EU-/EFTA state (alone)
- I am a citizen/in of a non-EU/EFTA member state and have compulsory insurance in this state
Name of the state: _____

4. My occupation / Status

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

→  Please enclose a copy of the certificate/confirmation as proof of your occupation/status

- I am in gainful employment (level of income is not important in response to this question)
- I am not in gainful employment
- I am seeking employment in Switzerland
- I am taking parental leave and also receive a salary a salary/remuneration from the following state: _____
- I am retired
- I receive a scholarship from (State): _____
- I am abroad to take the following basic/continuing education and training course: _____
- The course in Switzerland is part of my professional education and training
- The course in Switzerland is part of my personal education and training
- I am a student/school pupil
- I am a trainee
- My traineeship in Switzerland is part of my education and training
- I am an intern
- The internship is in the profession for which I am qualified
- I am a doctoral student
- I am a post-doctoral student
- I work as an assistant physician
- I work as a senior physician
- I work as a posted employee in Switzerland and have confirmation of my posting.
Posting state: _____
- I work as a posted employee abroad and have confirmation of my posting.
State in which I work as a posted employee: _____
- I am registered in the canton of Bern and study abroad; State: _____
- I have gainful employment in the canton of Bern but live abroad; State: _____
- Other status/occupation: _____

Name/address of employer/educational institution: _____

5. Income from gainful employment / pensions / unemployment benefit / other income

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

→ Please enclose copies of documents relating to employment/pensions/unemployment benefit or scholarships

I am in gainful employment

- I work only in Switzerland
- I work only abroad → State: _____
- I work in more than one state → States: _____

I receive a pension

- from Switzerland; since: _____
- from abroad (State): _____, since: _____

I receive unemployment benefit

- from Switzerland. since: _____
- from abroad (State): _____, since: _____

I am taking parental leave

- I am taking parental leave and receive an income from the following state: _____
for the period from _____ to _____

I receive the following income

- Scholarship
- Other income: _____

6. Certificate relating to social insurance requirements

I have following certificate (please place a cross against the applicable statement)

→ Please enclose a copy of the certificate

- Certificate A1 in accordance with the European coordination provisions
- Confirmation of posting in terms of the social insurance agreement between Switzerland and _____

7. Are you registered for benefits assistance with the Gemeinsame Einrichtung KVG?

- No
- Yes → Please enclose a copy of the letter from the Gemeinsame Einrichtung KVG!

8. 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

- I am single and have no children I am single and have children
- I am married or live in a registered partnership and have no children
- I am married or live in a registered partnership and 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 unemployment benefit from (State) _____
- receives pension from (State) _____
- is 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 gainful employment in (State) _____
- receives pension from (State) _____
- receives unemployment benefit from (State) _____
- in education/training until: _____

2nd child:

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) _____
- in education/training until: _____

3rd child:

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) _____
- in education/training until: _____


9. Further remarks

10. Undertaking and signature

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

Place, date

Signature

 **Please remember to enclose the required documents. An incomplete application for verification of your obligation to have health insurance will prolong the processing time. Many thanks for your assistance.**