



## Application for exemption from the compulsory health insurance / registration form for students with residence in Switzerland

Name: ..... First name: .....

Street/no.: ..... Postal code: .....

City: ..... Country: .....

Nationality: ..... Date of birth: .....

Email: ..... Phone: .....

Institute of education (school, university etc.): .....

Are you employed?  Yes  No

Employer and address:.....

Type of employment:  internship  apprenticeship/education  side job (besides studies)

Others (exact description): .....

Time frame:

Indeterminate  Determinable until..... Weekly working hours: .....

What type of residence permit do you have?  L  B  C (settlement permit)

I have a residence permit B and my primary center of interest is

in Switzerland <sup>1</sup>  in .....

<sup>1</sup> Do you have family members\* in the EU/EFTA

who are employed or who receive a pension?

Yes  No

(only to be answered if your primary center of interest is in Switzerland)

Do you have family members\* residing in Switzerland who are not employed?

Yes  No

\* Defined as family members are the spouse, the underage children and dependent children of full age.

**Please enclose the following documents (copy or scan):**

- Copy of the residence permit in Switzerland
- Copy of the insurance policy
  - Compulsory health insurance: EHIC (European Health Insurance Card)
  - Private insurance: Confirmation of the insurer on the second page
- Copy of the certificate of enrollment or training certificate
- Copy of the internship contract / employment contract

Please send the application and the necessary documents via  
 Web-Portal directly at: [www.kvg.org/VP](http://www.kvg.org/VP) or E-Mail to: [ag@kvg.org](mailto:ag@kvg.org)

**Please note the information on the second page and sign the application.  
 Thank you very much.**



**Private insurance**

**The insurer confirms, that**

- medically necessary treatments in Switzerland are covered according the KVG
- the costs for medical treatment in Switzerland are covered according to Swiss tariffs and not according to those of the (previous) state of residence
- the free choice of medical service providers according to Swiss law is guaranteed

**Insurer**

**Address/stamp**

.....

.....

**Place/date**

**Signature**

.....

.....

## Information sheet concerning compulsory health insurance in Switzerland

Anyone who is employed or resident in Switzerland is subject to the compulsory health insurance and has to take out compulsory health insurance (KVG).

There are certain reasons for an exemption of the insurance obligation.

### Students from the EU/EFTA who are covered by public health insurance

Non-employed students are exempted from the insurance obligation if they

- are only temporary in Switzerland and have their primary center of interest in the EU/EFTA
- have their place of residence in Switzerland and are covered by their parents' health insurance in the EU/EFTA through family insurance

Employed students or trainees from Germany, France, Italy or Austria may be exempted from compulsory insurance if they

- have a short-term resident L or
- have a residence permit B and declare their primary center of interest in one of the above mentioned states

Employed students or trainees from all other countries are subject to compulsory insurance in Switzerland.

### Students outside the EU/EFTA and privately insured students

They can be exempted from the compulsory insurance in Switzerland if they have an insurance equivalent to the KVG.

Insured persons have to cooperate by the enforcement of the social security agreement free of charge (Article 28 (1) ATSG). With your signature you confirm that you immediately report any changes to the Gemeinsame Einrichtung KVG that could lead to an insurance obligation in Switzerland. These include the taking up or termination of employment, the completion of studies, changes in family status or in your residential situation.

I hereby confirm that I have completely and faithfully answered the questions and have read and understood the above information.

**Place/date**

**Signature of the applicant**

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