



**Family members in EU or EFTA Member States who are not in gainful employment from persons resident in Switzerland  
Certificate to obtain exemption from compulsory health care insurance in Switzerland**

The person named below

Family name: \_\_\_\_\_ First name: \_\_\_\_\_ D.o.b.: \_\_\_\_\_

Nationality: \_\_\_\_\_

Adress and postal code in Switzerland: \_\_\_\_\_  
\_\_\_\_\_

applies for exemption from compulsory health care insurance in Switzerland for the following not in gainful employment family members:

Family name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.o.b.: \_\_\_\_\_

Family name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.o.b.: \_\_\_\_\_

Family name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.o.b.: \_\_\_\_\_

Family name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.o.b.: \_\_\_\_\_

Family name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.o.b.: \_\_\_\_\_

The persons are in \_\_\_\_\_ (country) for the period from \_\_\_\_\_  
to \_\_\_\_\_ insured by the health care insurance .

For persons who are voluntary health care insured by a private insurance, the following insurer certifies the fully reimbursed for compulsory health care benefits incurred in Switzerland.

Insurer:

Adress (Stamp):

Place and Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Place and Date:

Signature of applicator:

**Enclosure:**

- Copy of European health insurance card or medical insurance policy