REQUEST FOR NON-SUBJECTION / EXEMPTION FROM SWISS COMPULSORY MEDICAL INSURANCE
Students / Interns (EU/EFTA* CITIZENS)

1. PERSONAL DETAILS OF THE APPLICANT FOR EXEMPTION
Surname ___________________________________________
First name _______________________________________
Date of Birth __________________ Citizenship __________________ Gender O M O F
Marital Status O Unmarried O Married O Separated O Divorced O Widowed
Address _______________________________________
E-mail ________________________________________ Tel. N° __________________

PURPOSE OF STAY IN SWITZERLAND
O STUDY ➔ Points 2 O INTERNSHIP ➔ Points 3 and 4

2. TO BE COMPLETED BY THE STUDENT
1. Name of the school _______________________________________
2. Duration of education in Switzerland from ____________ to ____________
3. Faculty O economy O communication O computer science O other
4. Is the stay in Switzerland part of a nation/international program aimed at facilitating student’s mobility?
   O YES Name of the programm ____________________________ O NO

ATTACH A COPY OF THE EUROPEAN HEALTH INSURANCE CARD (OR EQUIVALENTS) ISSUED BY THE QUALIFIED FOREIGN INSTITUTE AND COPY OF RESIDENCE PERMIT

3. TO BE COMPLETED BY THE INTERN
1. Place of Internship _______________________________________
2. Duration of Internship in Switzerland from ____________ to ____________

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4. TO BE COMPLETED BY THE EMPLOYER IN SWITZERLAND
1. The employer certifies that the person mentioned at point 1 will be employed as an intern, and confirms the validity of the date indicated at point 3
2. Monthly Gross Salary SFr. ___________________________

Place and date ____________________________ Stamp and signature of the employer ____________________________

THE APPLICANT CAN NOT REVOKE THE EXEMPTION OR THE RENOUNCE TO THE EXEMPTION WITHOUT A SERIOUS REASON

Place and date ____________________________ Student’s / Intern’s signature ____________________________

Please return the completed form, enclosing the requested attachments, to the following address:
Istituto delle assicurazioni sociali, Settore obbligo assicurativo, Via C. Ghiringhelli 15a, 6501 Bellinzona