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

1. PERSONAL DETAILS OF THE APPLICANT FOR EXEMPTION

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name</th>
<th>Date of Birth</th>
<th>Citizenship</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Address</th>
<th>E-mail</th>
<th>Tel. N°</th>
</tr>
</thead>
</table>

PURPOSE OF STAY IN SWITZERLAND

- STUDY ➔ Points 2
- 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

   - economy
   - communication
   - computer science
   - other

4. Is the stay in Switzerland part of a nation/international program aimed at facilitating student’s mobility?

   - YES
   - NO

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

3. TO BE COMPLETED BY THE INTERN

1. Place of Internship

2. Duration of Internship in Switzerland

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

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