


 TEL. 0041 / (0)91 821 91 11
 FAX. 0041 / (0)91 821 92 99

Fill out in block letters

**REQUEST FOR EXEMPTION FROM SWISS COMPLUSORY MEDICAL
INSURANCE**
Students / Interns (NO EU/EFTA* CITIZENS private insurance holders)
1. PERSONAL DETAILS OF PERSON APPLYING FOR EXEMPTION

 Surname
 First/Middle name
 Date of Birth Citizenship Sex M F
 Marital Status Single Married Separated Divorced Widowed
 Address
 E-mail Tel. N°

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 Name of the programm NO

3. TO BE COMPLETED BY THE INTERN

 1. Place of Internship
 2. Duration of Internship in Switzerland from to

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 Employer's stamp and signature

5. TO BE COMPLETED BY THE FOREIGN MEDICAL INSURER

 The undersigned insurer certifies that the above mentioned persons are beneficiaries of an insurance policy offering an **equivalent** coverage required in Switzerland.

 YES NO

Place and date

Foreign insurer's stamp and signature

ATTACH A COPIE OF RESIDENCE PERMIT
**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

The present form is to be returned properly filled out and completed with the insurance certificate to the following address:

Istituto delle assicurazioni sociali, Settore obbligo assicurativo, Via C. Ghiringhelli 15a, 6501 Bellinzona

Art. 25 General benefits in the case of sickness

¹ Compulsory health care insurance covers the costs of diagnosing and treating sickness and its effects.

² These benefits cover:

- a. examinations, treatment and care of an in- and out-patient, at the residence of the patient, in a hospital or in a medical-social establishment by:
 1. doctors,
 2. chiropractors,
 3. persons providing services prescribed or ordered by a doctor;
- b. analyses, medicaments and diagnostic and therapeutic services and equipment prescribed by a doctor or - within the limits determined by the Federal Council - by a chiropractor;
- c. a contribution to the costs of spa treatment prescribed by a doctor;
- d. medical rehabilitation measures carried out or prescribed by a doctor;
- e. a stay in the general ward of a hospital;
- f. ... (repealed)
- f^{bis}. a stay in a maternity unit for the purpose of childbirth (Art. 29);
- g. a contribution to medically necessary transport costs and rescue costs;
- h. services of pharmacists in dispensing the medicaments prescribed in accordance with letter b above.

Art. 25a Nursing services in the event of illness

¹ Under compulsory healthcare insurance, a contribution is made to nursing services that are provided on the instructions of a doctor as an out-patient and where there is a clear need for nursing care on an outpatient basis, in day or night structures, or in a nursing home.

² Acute and transitional care services that prove necessary following discharge from hospital and which are prescribed by a doctor in hospital are paid for by the compulsory healthcare insurance and by the insured's canton of residence for a maximum period of two weeks in accordance with the hospital funding regulations (Art. 49a Payment for in-patient services). Insurers and service providers shall agree on flat rate fees.

³ The Federal Council shall designate the nursing services and regulate the procedure for ascertaining the need.

⁴ The Federal Council shall specify the contributions in francs and differentiate them based on the level of care required. The decisive factor is the cost according to the need for care of nursing services provided with the required quality and efficiency at a reasonable cost. Nursing services shall be subject to quality control. The Federal Council shall specify the procedures.

⁵ In relation to nursing costs not covered by social insurances, a maximum of 20 per cent of the maximum care contribution fixed by the Federal Council may be passed on to the insured. The cantons shall regulate the payment of the remainder of the costs.

Art. 26 Prophylactic medicine

Compulsory health care insurance covers the costs of certain examinations intended to detect diseases in time as well as prophylactic measures for insured persons particularly at risk. Such examinations and prophylactic measures must be carried out or prescribed by a doctor.

Art. 27 Congenital defects

In the case of congenital defects not covered by the disability insurance scheme, compulsory health care insurance covers the costs of the same benefits as in the case of sickness.

Art. 28 Accidents

In the case of accidents pursuant to Art. 1a, para. 2, letter b*), compulsory health care insurance covers the costs of the same benefits as in the case of sickness.

Art. 29 Maternity

¹ In addition to the same costs as in the case of sickness, compulsory health care insurance covers special costs in the case of maternity.

² These benefits cover:

- a. periodic check-ups carried out by a doctor or a mid-wife or prescribed by a doctor during and after pregnancy;
- b. delivery at home, in a hospital or in a semi-hospital establishment by a doctor or a mid-wife;
- c. necessary advice on breast-feeding;
- d. care and stay of a healthy newborn child staying with its mother in the hospital.

Art. 30 Legal abortion

In case of non-punishable termination of pregnancy pursuant to Article 119 of the Criminal Code compulsory sickness insurance covers the costs of the same benefits as in the case of sickness.

Art. 31 Dental treatment

¹ Compulsory health care insurance covers the costs of dental treatment:

- a. if it is caused by a serious and unavoidable disease of the masticatory system; or
- b. if it is caused by any other serious illness or its after-effects; or
- c. if it is necessary for the treatment of a serious illness or its after-effects.

² It also covers the costs of treatment of injuries to the masticatory system caused by an accident pursuant to Art. 1a, para. 2, letter b (i.e. accident which is not covered by any other insurance).

ENCLOSURE

The official form uses the expression **"equivalent insurance coverage"** in terms of health care in Switzerland. However, this does not mean that the services covered by the insurer must be exactly the same as those set forth in the Swiss Health Insurance Act (LAMal); it is sufficient for the services outlined in the Swiss statute to be covered more or less.

If the insurer signs the equivalency declaration even though there are services provided for under the Swiss statute that he does not cover, he must list such non-covered services in the form (pages 2, 3 and 4).

These tenets must be complied with for the proper authority of the Canton of Ticino to be able to reach its decisions.

Responsibility for costs of the Comprehensive Health Insurance according to Swiss Health Insurance Law

The following table details the main comprehensive benefits. The enacting decrees are lawfully binding (the Swiss Federal Law concerning the Health Insurance as well as the complementary regulation of execution and accompanying legal verdicts).

You can request assistance from any approved health care providers. In case a provider of health care is not participating in the system any more, costs will not be settled by CIFESIA. This health care provider has to inform the patient accordingly in advance of treatment. Hospitals have to appear on the hospital lists of the Swiss Cantons. These lists are available at the offices of CIFESIA.

a) Ambulatory treatment in respect of school medicine	Payment is made for costs resulting from approved physicians, chiropractors and midwives. Further, if prescribed, also for logopaedists, physio- and ergotherapists, nurses or organisations of home care as well as nutrition advisers.
b) Ambulatory treatment in respect of alternative healing methods (complementary medicine)	Treatment administered by physicians with recognised further education (FMH) in the respective fields of treatment: Acupuncture, Anthroposophical medical science, Medication therapy in connection with traditional Chinese medicine (TCM), Classical homeopathy by a physician, Phytotherapy.
c) Medication	Medication handed out or prescribed by a physician if this appears in the list of approved medicines or speciality list for the considered purpose (other medication will not be paid for, not even in part).
d) Aids and appliances	Devices prescribed by a physician, which serve the examination or treatment e.g. neck supports, crutches, insulin injections, incontinence helps, appliances for inhalation and so on, according to the list of specialities (MIGEL).
e) Spectacles and lenses	Up to the age of 18 years: Sfr. 180.00 per year. A doctor's prescription is only necessary for the first spectacles/lenses. Higher benefits are possible for special medical cases.
f) Dental treatment (only exceptionally)	Payment is made for the treatment of injuries to the masticatory system caused by an accident (if not covered by any other accident insurance), or serious and unavoidable disease of the masticatory system, or if it is due to any other serious illness or its after-effects, or if it is necessary for the treatment of a serious illness or its after-effects. No payment is made for teeth corrections.
g) Congenital infirmity	Payment is made for the same benefits as for illness if not covered by the Swiss Invalidity Insurance.
h) Psychotherapy	Payment is made for treatment by an approved physician or if treatment is delegated by an approved physician to a psychologist/psychotherapist (however only under supervision and in the consulting room of the delegating physician).
i) Laboratory analysis	Analysis ordered by a physician according to the analysis list.
l) Hospital in-patient treatment	Payment is made for staying in a public ward (multi-bed room) of an approved hospital within the Canton of domicile according to the hospital list or in an emergency or medically induced entry also for a hospital outside the Canton of domicile.

m) Medical rehabilitation	Payment is made for prescribed medical rehabilitation or carried out by a physician (if in-patient, only in approved hospitals according to the hospital list, public ward).
n) Nursing home	Payment of costs for nursing measures and other ambulatory measures (treatment by a physician, physiotherapy etc.) as well as medication and laboratory analyses.
o) Spa treatment prescribed by a doctor	Sfr. 10.00 per day (overall) for a maximum of 21 days per calendar year as well as doctors fees, medication and physiotherapies.
p) Recuperation (e.g. after a hospital stay)	No payments for in-patient benefits (no automatic liability or cover); only payment for doctor's fees, prescribed medication and physiotherapy.
q) Home care (Spitex)	Home care by approved Spitex organisations or nurses.
r) Maternity	<ul style="list-style-type: none"> • Seven examinations during pregnancy and one postnatal examination • Two ultra sonic scans • Fees for delivery at home, in a hospital (public ward) or in a quasi-hospital establishment • Three breast-feed consultations by midwives or by nurses with a special training for giving advice on breast feeding • A contribution of max. CHF 100.00 to pre-natal preparatory courses provided by midwives
s) Prescribed prevention measures	<p>Payment is made for the following medical preventive measures:</p> <ul style="list-style-type: none"> • Prophylactic vaccinations • Measures for the prevention of illnesses • Examination of the general state of health • Measures for the early detection of illnesses for certain high-risk groups • Measures for the early detection of illnesses in the general public or certain age groups
t) Precautionary examination including cancer smear test by a gynaecologist	Payment is made for the first two examinations and afterwards for one examination every three years. This applies to normal cases, otherwise examination intervals following clinical judgement.
u) Cost participation for medically induced transport to an approved health care provider	50% of the costs, at the most Sfr. 500.00 per calendar year, if transport is not feasible by public or private means of transport.
v) Cost participation for rescue	In Switzerland: 50% of the costs, at the most Sfr. 5'000.00 per calendar year. No payment is made for the search and recovery of the deceased.



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STATEMENT REGARDING THE LEVEL OF INSURANCE COVERAGE

FINANCIAL SCOPE OF COVERAGE

1. Does the policy contemplate unlimited financial coverage? YES NO

2. If not: what is the maximum amount of coverage?

SERVICES ARE COVERED TO THE EXTENT OF

100% of Swiss rates (with deductibles, if any, chargeable to the insured)

90% of Swiss rates

80% of Swiss rates

Other (specify): _____

PHATOLOGIES EXCLUDED FROM INSURANCE COVERAGE

3. For the persons covered under the policy, are there any reservations that provide for the exclusion of certain pathologies from coverage? YES NO

4. If so:

4.1 Do the exclusions apply to all of the persons covered under the policy? YES NO

4.2 If not, please indicate to which of the persons covered under the policy the exclusion(s) apply:

4.3 List the pathologies excluded from coverage:

THIS STATEMENT IS INDISPENSABLE UNDER SWISS SOCIAL HEALTH INSURANCE LAWS

Place and date _____

Stamp and signature of the insurance provider _____

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