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

1. PERSONAL DETAILS OF THE APPLICANT FOR EXEMPTION
Surname
First name
Date of Birth
Marital Status
Address
E-mail

Citizenship
Unmarried
 Married
Separated
Divorced
Widowed

Gender
M
F

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 economy
communication
computer science
other

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

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