

DIPARTIMENTO DELLA SANITÀ E DELLA SOCIALITÀ Istituto delle assicurazioni sociali

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

Fill out in block letters

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

1. PERSONAL D	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°
0 0	PURPOSE OF STAY IN SWITZERLAND
O STUI	DY Points 2 O INTERNSHIP Points 3 and 4
2 TO BE COME	PLETED BY THE STUDENT
Name of the school	
2. Duration of educa	
3. Faculty	O economy O communication O computer science O other
4. Is the stay in Switz	tzerland part of a nation/international program aimed at facilitating student's mobility?
O YE	ES Name of the programm O NO
ATTACH A CO	PIE OF THE EUROPEAN HEALTH INSURANCE CARD (OR EQUIVALENTS) ISSUED BY
	HE QUALIFIED FOREIGN INSTITUTE AND COPIE OF RESIDENCE PERMIT
3. TO BE COMP	PLETED BY THE INTERN
1. Place of Internship	ip
2. Duration of Interns	ship in Switzerland from to
	PIE OF THE EUROPEAN HEALTH INSURANCE CARD (OR EQUIVALENTS) ISSUED BY
TH	HE QUALIFIED FOREIGN INSTITUTE AND COPIE OF RESIDENCE PERMIT
4. TO BE COMP	PLETED BY THE EMPLOYER IN SWITZERLAND
The employer cert indicated at point 3	rtifies that the person mentioned at point 1 will be employed as an intern, and confirms the validity of the date
2. Monthly Gross Sa	alary SFr.
Place and date	Stamp and signature of the employer
THE APPLICA	ANT CAN NOT REVOKE THE EXEMPTION OR THE RENOUNCE TO THE EXEMPTION
WITHOUT A SERIOUS REASON	
	Student's / Intern's
Place and date	Student's / Intern's signature
'	Please return the completed form, enclosing the requested attachments, to the following address:
Istituto de	elle assicurazioni sociali, Settore obbligo assicurativo, Via C. Ghiringhelli 15a, 6501 Bellinzona