



Cantonal Department of Home Affairs and Justice  
Social Insurance Office  
Premium Reduction and  
Compulsory Insurance Section

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### Compulsory health insurance

Verification of your obligation to have health insurance in Switzerland

Based on the information and documents that you provide, we will verify your obligation to have health insurance in Switzerland and advise you on any further action to be taken.

#### 1. Applicant

Surname \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Social insurance number 756. \_\_\_\_\_

Sex  female  male

Address in Switzerland \_\_\_\_\_

Postcode / Town \_\_\_\_\_

Marital status  single  married/registered partnership  separate/divorced  widowed

Telephone number \_\_\_\_\_

E-mail \_\_\_\_\_

Nationality \_\_\_\_\_

Entered Switzerland on \_\_\_\_\_

Entered the canton of Bern on \_\_\_\_\_

#### 2. I have the following question/concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Residence or work permit

I am in possession of the following permit (please place a cross against the applicable statement):

- |   |   |
|---|---|
| <input type="checkbox"/> Residence permit B | <input type="checkbox"/> Residence permit L   |
| <input type="checkbox"/> Residence permit C | <input type="checkbox"/> Residence permit EU/EFTA without gainful economic employment |
| <input type="checkbox"/> 90-day permit      | <input type="checkbox"/> 120-day permit   |

- Cross-border commuter permit and I have been in gainful employment in the canton of Bern since \_\_\_\_\_
- Legitimation card (in the case of gainful employment for an embassy or international organisation)
- I am a Swiss citizen and therefore do not have a residence or work permit
- I have dual citizenship Switzerland/ \_\_\_\_\_ and therefore do not have a residence/work permit

Please place a cross against the applicable statement (more than one answer is possible!)

- I am resident in Switzerland: I have been here since: \_\_\_\_\_
- I am resident abroad; I have been there since: \_\_\_\_\_
- My main place of residence is in (State): \_\_\_\_\_
- I am staying temporarily in Switzerland; from \_\_\_\_\_ to \_\_\_\_\_  
The purpose of my stay in Switzerland is: \_\_\_\_\_
- I am staying temporarily abroad; from \_\_\_\_\_ to \_\_\_\_\_  
State: \_\_\_\_\_  
The purpose of my stay abroad (e.g. travelling, studying, work, living with partner): \_\_\_\_\_

**Further remarks:**

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#### **4. Purpose of stay in Switzerland (reason for residence in Switzerland)**

Please place a cross against the applicable statement (more than one answer is possible):

- The reason for my stay in Switzerland is to work in Switzerland
- The reason for my stay in Switzerland is to live with my life partner and/or my family
- I intend to move my place of residence to Switzerland (or I have already moved my place of residence to Switzerland)
- The reason for my stay in Switzerland is my basic/continuing education and training (I intend to leave Switzerland after completing my basic/continuing education and training) (e.g. to live with my partner, to seek employment in Switzerland)
- I intend to remain in Switzerland after completing my basic/continuing education and training
- The purpose of my stay has changed (e.g. on entry: education, current purpose of stay: living with partner).  
When did the purpose of your stay change? (date): \_\_\_\_\_
- The reason for my stay is as follows: \_\_\_\_\_

#### **5. Details of your current health insurance**

Please place a cross against the applicable statement (more than one answer is possible):

- I have a basic compulsory insurance under HIA with the following health insurance company: \_\_\_\_\_
- I have a basic compulsory insurance under HIA and have foreign health insurance (duplication of insurance cover)
- I am privately insured (e.g. international health insurance company, student health insurance)  
Name of the health insurance company: \_\_\_\_\_
- I am insured in an EU/EFTA state under my parents' statutory health insurance scheme

- I have statutory health insurance in an EU-/EFTA state (alone)
- I am a citizen/in of a non-EU/EFTA member state and have compulsory insurance in this state

Name of the state: \_\_\_\_\_

**6. My occupation / Status**

Please place a cross against the applicable statement (more than one answer may be possible):

- I am in gainful employment (level of income is not important in response to this question)
- I am not in gainful employment
- I am seeking employment in Switzerland
- I am taking parental leave and also receive a salary a salary/remuneration from the following state: \_\_\_\_\_
- I am retired
- I receive a scholarship from (State): \_\_\_\_\_
- I am abroad to take the following basic/continuing education and training course: \_\_\_\_\_
- The course in Switzerland is part of my professional education and training
- The course in Switzerland is part of my personal education and training
- I am a student/school pupil
- I am a trainee
- My traineeship in Switzerland is part of my education and training
- I am an intern
- The internship is in the profession for which I am qualified
- I am a doctoral student
- I am a post-doctoral student
- I work as an assistant physician
- I work as a senior physician
- I work as a posted employee in Switzerland and have confirmation of my posting.  
Posting state: \_\_\_\_\_
- I work as a posted employee abroad and have confirmation of my posting.  
State in which I work as a posted employee: \_\_\_\_\_
- I am registered in the canton of Bern and study abroad; State: \_\_\_\_\_
- I have gainful employment in the canton of Bern but live abroad; State: \_\_\_\_\_
- Other status/occupation:: \_\_\_\_\_

Name/address of employer/educational institution: :

**7. Income from gainful employment / pensions / unemployment benefit / other income**

Please place a cross against the applicable statement (more than one answer is possible):

**I am in gainful employment**

- I work only in Switzerland
- I work only abroad → State: \_\_\_\_\_
- I work in more than one state → States: \_\_\_\_\_

**I receive a pension**

- from Switzerland; since \_\_\_\_\_
- from abroad (State): \_\_\_\_\_ since \_\_\_\_\_

**I receive unemployment benefit**

- from Switzerland. since \_\_\_\_\_
- from abroad (State): \_\_\_\_\_ since \_\_\_\_\_

**I am taking parental leave**

- I am taking parental leave and receive an income from the following state: \_\_\_\_\_  
for the period from \_\_\_\_\_ to \_\_\_\_\_

**I receive the following income**

- Scholarship \_\_\_\_\_
- Other income: \_\_\_\_\_

**8. Certificate relating to social insurance requirements**

I have following certificate (please place a cross against the applicable statement)

- Certificate A1 in accordance with the European coordination provisions \_\_\_\_\_
- Confirmation of posting in terms of the social insurance agreement between Switzerland and \_\_\_\_\_

**9. Are you registered for benefits assistance with the Gemeinsame Einrichtung KVG**

- No  Yes

**10. Family members**

Family members are spouses and children under the age of 18 or young adults under the age of 25 who are still in education or training

Please place a cross against the applicable statement

- I am single and have no children  I am single and have children
- I am married or live in a registered partnership and have no children
- I am married or live in a registered partnership and have children

**11. Spouse or life partner**

Surname \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Sex  female  male

Address in Switzerland \_\_\_\_\_

Postcode / Town \_\_\_\_\_

Marital status  single  married/registered partnership  separate/divorced  widowed

Nationality \_\_\_\_\_

Name of health insurance company/state \_\_\_\_\_

not in gainful employment  in gainful employment in (State) \_\_\_\_\_

receives pension from (State) \_\_\_\_\_  receives unemployment benefit from (State) \_\_\_\_\_

is taking parental leave in (State) from \_\_\_\_\_ to \_\_\_\_\_

**12. Child/Children:**

**1<sup>st</sup> child:**

Surname \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Sex  female  male

Address in Switzerland \_\_\_\_\_

Postcode / Town \_\_\_\_\_

Nationality \_\_\_\_\_

Name of health insurance company/state \_\_\_\_\_

not in gainful employment  in gainful employment in (State) \_\_\_\_\_

receives pension from (State) \_\_\_\_\_  receives unemployment benefit from (State) \_\_\_\_\_

in education/training until \_\_\_\_\_

**2<sup>nd</sup> child:**

Surname \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Sex  female  male

Address in Switzerland \_\_\_\_\_

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Postcode / Town \_\_\_\_\_  
Name of health insurance company/state \_\_\_\_\_

not in gainful employment       in gainful employment in (State) \_\_\_\_\_  
 receives pension from (State)       receives unemployment benefit from (State) \_\_\_\_\_  
 in education/training until \_\_\_\_\_

**3<sup>rd</sup> child:**

Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Sex       female       male  
Address in Switzerland \_\_\_\_\_  
Postcode / Town \_\_\_\_\_  
Nationality \_\_\_\_\_  
Name of health insurance company/state \_\_\_\_\_

not in gainful employment       in gainful employment in (State) \_\_\_\_\_  
 receives pension from (State)       receives unemployment benefit from (State) \_\_\_\_\_  
 in education/training until \_\_\_\_\_

**13. Further remarks**

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#### **14. Undertaking and signature**

I hereby confirm that I have answered all the questions fully and truthfully.

Place, date

Signature

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**Documents to be submitted:**

- **Copy of the certificate/confirmation as proof of your occupation/status**
- **Copies of documents relating to employment/pensions/unemployment benefit or scholarships**
- **Copy of the certificate (Certificate A1 in accordance with the European coordination provisions, Confirmation of posting in terms of the social insurance agreement)**
- **Copy of the letter from the Gemeinsame Einrichtung KVG!**