



Kanton Zürich
Gesundheitsdirektion



Mandatory Health Insurance: Application for exemption from health insurance obligation

Gesundheitsdirektion
Bereich KVG
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Postfach
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Fax +41 43 259 52 10
www.gd.zh.ch/kvg

Last name: First name: sex m f

Address (in Switzerland):

Postal code and municipality:

Date of birth: Nationality:

Telephone: E-mail:

Marital status: Health Insurance:

Employer:

Residence permit: B BEG C F G L
 other:

I hereby request to be exempted from the health insurance obligation in Switzerland. Please read carefully and check what applies to you:

- I reside in Switzerland and I am not employed/self-employed at all
- I am gainfully employed only in Switzerland (employed or self-employed)
- I am gainfully employed both in Switzerland and in (country)
Switzerland: employed or self-employed
abroad: employed or self-employed
- I reside in Switzerland and I am in an EC/EFTA country
 gainfully employed or on parental leave
- I hold a residence permit "EC/EFTA without employment" (copy is required)
- I am retired and draw a pension from (country)
- I work in Switzerland as an employee deployed by my company and am exempted from the obligation to contribute to the Swiss Old Age Pension, Survivors and Invalidity Insurance Scheme (AHV/IV)
Duration of the deployment: from to
- I reside in Switzerland and study abroad (country:)
- I am gainfully employed in Switzerland and am present in Switzerland during the week only, my life is based abroad

- I am a pre-university student, post-secondary student, PhD-student or intern and am pursuing further education in Switzerland
- I hold a 90 day permit (copy is required)
- I hold a 120 day permit (copy is required)
- I am privately insured abroad and, due to my age (over 55) and/or state of health, I cannot continue to be insured in Switzerland to the same extent as before
- I am a non EC/EFTA citizen and legally insured
- I am unemployed in Switzerland and am receiving unemployment benefits from (country)

I have a spouse or registered partner and/or children who live(s) in an EC/EFTA country

- Yes No

spouse or partner:

Last name: First name: Date of birth:

Street / No.: Postal code / Municipality:

Nationality: Health Insurance:

Employed Yes No

1st child:

Last name: First name: Date of birth:

Health Insurance: Employed Yes No

2nd child:

Last name: First name: Date of birth:

Health Insurance: Employed Yes No

3rd child:

Last name: First name: Date of birth:

Health Insurance: Employed Yes No

4th child:

Last name: First name: Date of birth:

Health Insurance: Employed Yes No

Place, date: Signature: