

# How to Fill in the Online Form for Exemption

Exemption from compulsory health insurance is possible under certain conditions and only upon application. The Health Department decides on applications for exemption. The example screen shots provided below will guide you through the process depending on what sort of exemption you are applying for. Depending on your type of insurance, some steps will vary while filling in the form.

## Before you fill in the online form, make sure you have done/fulfilled the following points:

- You have registered at the Kreisbüro (local residents' registration office).
- You have received a letter regarding health insurance in Switzerland.
- You have a:
  - a. European Health Insurance Card (EHIC)
  - b. Swiss health insurance for international students
  - c. Private Health Insurance (EU or non-EU)

#### Please click the link to get started:

https://www.zh.ch/en/gesundheit/krankenversicherung/kvg-befreiungsgesuch.html

## Step 1: Personal details (same for all applicants)

	2	2	
	2	3	4
ersonal details	Further information	Enclosures	Confirmatio
pplicant			
First Name Exemption	0	Last name Example	0
Street Rämistrasse		ø	House no. 🥑
ote (i)			
Postal code 8006	Municipality Zürich		٥
Country Schweiz			•
Date of birth 01.01.1998	Ē	Nationality Afghanistan	•
Telephone +41 ▼ 70 000 0	00 00		0
E-mail exemption.example	@gmail.com		0
ote i)			
ex ) female ) male	e 🔵 undefined		
Marital status			•



## Step 2: Specifying your insurance policy

Important: Depending on what kind of insurance you have, please follow one of the options below and fill in the form exactly as depicted.

#### a. European Health Insurance Card



b. Swiss health insurance for international students

Health Insurance Swisscare	Insert your Swiss insurance's name			
Employer	Leave this field blank			
AHV number	Leave this field blank			
ype of insurance				
tatutory = foreign state health insurance within the EU/f rivate = foreign private and/or international health insur ccording to VVG or Swiss Health Insurance Residence permit	EFTA (European Health Insurance Card) ; ance : other = e.g. student Insurance Select "other"			
В				
BEG				

Next



#### c. Private Health Insurance

Health insurance Name of your private insurance compar-	Name of your private insurance compan
Employer	Leave this field blank
f available: Name of the employer (comp	any)
AHV number	Leave this field blank
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Next



# Step 3: Information on your student status (same for all applicants)

Application fo	orm 🧿 ———	2	
Versonal details	Further information	Enclosures	Confirmation
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In education without	employment in Switzerland		•
ote i)			
Student	pair Olatera O Docto	rate O other	
pecification of the	stay and the employment		
Residing in Switze	rland, but not employed	Working exclusively in S	witzerland
Employed both in	Switzerland and abroad	Posted to Switzerland fro	om abroad
Residing in Switze	rland and working abroad	Persons in the registra	tion procedure
Working in Switzer	rland and staying in Switzerlar	nd as a weekly resident; liv	ving abroad
Resident in Switze	rland and on parental leave al	broad	-
ote to employees pos	ted to Switzerland 👔		
Receipt of benefits			
Unemployment be	nefit 🔵 Pension 🚺 nor	ne	
Other inform	ation Leave	"other informati	on" blank
<ul> <li>Privately insured years) or state of</li> </ul>	abroad and not able to be insi health	ured to the previous exten	t due to age (>55
Having compulso the delimitation o	ry health insurance in the cou f compulsory insurance, and c	ntry of origin with which ti do not reside in an EU/EF1	here are no rules on FA state
Working for an in facilities	stitutional beneficiary listed b	y the FOPH with privileges	s, immunities and
Privately insured to gainful employ	with a residence permit EU/Ei ment / unemployed residence	FTA without gainful emplo	yment / not entitled
Residing in Switz	erland and working as an offic	ial in an EU/EFTA country	,



# Step 4: Required documents ("enclosures")

These vary depending on your specified type of health insurance as indicated in step 2.

1. European Health Insurance Card

Application fo	rm			
~	~	3	4	
Personal details	Further information	Enclosures	Confirmation	
			-	
Needed enclosures	and comments			
Copy of the Europe	an Health Insurance C	ard (EHIC)	,	
	Drag file to uploa	ad and drop here.		
Allowed file for xml.	mats: csv, xls, gif, html, jpe Permissible maximum size	g, jpg, pdf, png, x-png, ti of the files sent in total (2	f, tiff, rtf, svg, txt, 20 MB)	
	Choo	se file		
School, matriculation, p	ducational institution ostgraduate or internship c	ertificate, au-pair contrac	t etc. Validated	JZH Card or
			(proof of e	escheinigung" nrolment)
	Drag file to uploa	ad and drop here.	ч -	, ,
Allowed file for	mats: csv, xls, gif, html, jpe	g, jpg, pdf, png, x-png, ti	f, tiff, rtf, svg, txt,	
xmi.	Permissible maximum size	of the files sent in total (2	(U MB)	
	Choos	se file		
Comments				
			/	
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unencrypted.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,		commended
Your email address			•	
0			U	
Please enter a valid er	mail address.			
Your data will be transm	nitted to the Department of	Health for further process	sing.	
		Back	Submit application	



#### 2. Swiss health insurance for international students

Application fo	orm		
~	~	3	4
Personal details	Further information	Enclosures	Confirmation
looded enclosured	and comments		
leeded enclosures	s and comments		
Certificate of the e	ducational institution		Validated UZH Card or
school, matriculation,	postgraduate or internship cen	tificate, au-pair contract	"Studienbescheinigung"
			(proof of enrolment)
	Drag file to upload	and dron here	
Allowed file fo	rmats: csv. xls. gif. html. ipeg.	ipa, pdf. pna. x-pna. tif. i	tiff. rtf. sva. txt.
xml	. Permissible maximum size of	the files sent in total (20	MB)
	Choose	file	
Copy of the curren	tly valid insurance policy	/ the currently valid	insurance certifi-
cate			
Allowed file fo	Drag file to upload	and drop nere.	tiff rtf swa tyt
xml	. Permissible maximum size of	the files sent in total (20	MB)
	Choose	file	
Comments			
Comments			
			/_
			Decemmended
I would like to	receive a copy of my details b	y e-mail. The data will be	transmitted Recommended
Your email address			
@	-		
Please enter a valid e	amail addrass		
Thease enter a valid t	anan duuroos.		
Your data will be transr	mitted to the Department of He	alth for further processir	ng.
		Back	Submit application



#### 3. Private Health Insurance

Application fo	rm ,		_	
<b>~</b>	~	3		4
ersonal details	Further information	Enclosures	Confir	mation
eeded enclosures	and comments			
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			(pr	roof of enrolment)
	Drag file to uploa	ad and drop here.		
Allowed file for	mats: csv, xls, gif, html, jpe Permissible maximum size	g, jpg, pdf, png, x-png, of the files sent in total	tif, tiff, rtf, svg, txt, (20 MB)	
			()	
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confirmation form (				
gned and stamped by t	the foreign insurer (not nec	essary for recognised s	tudent insurance	Link to Form A:
ompanies)				<u>https://www.zh.ch/content/da</u>
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xml.	Permissible maximum size	of the files sent in total	(20 MB)	on_form_a_english.pdf
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Copy of the current	tly valid insurance poli	cy / the currently v	alid insurance ce	rtifi-
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Allowed file form	ats: csv. xls. gif. html. ipeg.	. ipa. pdf. pna. x-pna. til	f. tiff. rtf. sva. txt. xm	1
	(max.	23 MB)	,,,	
	Choo	se file		
Comments				
				/
I would like a c	confirmation of my data by e	email. Recomm	ended	
Your email address				
/our data will be transn	nitted to the Department of	Health for further proce	essing.	-
		Back	Submit applica	tion



# Step 5: Submitting the application

As soon as you have sent your application for exemption, forward the e-mail with the confirmation of receipt from the Health Department to the *Kreisbüro* at <u>bva-kv@zuerich.ch</u> (only if you reside in the city of Zurich). This way, the *Kreisbüro* will know that you are currently in the process of applying for an exemption.

Some weeks after submitting your application, the Department of Health will inform you about their decision on your application by email. Please note that it is not possible to predict how the authorities will decide.