

CHECK FORM FOR THE EQUIVALENT OF SWISS HEALTH INSURANCE
 (Federal Law on Medical Insurance (LAMal) of March 18, 1994)
 (Article 2, OAMal of June 27, 1995)

**FOREIGN INSURER CERTIFICATE REQUIRED FOR DISPENSATION FROM
 COMPULSORY INSURANCE IN SWITZERLAND**

1. PERSONAL DETAILS OF THE INSURED							
Surname						N. tel.	
Forename (s)					E-mail		
Date of birth	nationality			sex		<input type="checkbox"/> M	<input type="checkbox"/> F
Civil Status	<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> separated	<input type="checkbox"/> divorced	<input type="checkbox"/> widower / widow		
Federal Law on Registered Partnerships of Same Sex Couples (Lpart)	<input type="checkbox"/> joined by a registered partnership	<input type="checkbox"/> partnership dissolved by the court	<input type="checkbox"/> partnership dissolved by death	<input type="checkbox"/> partnership dissolved upon declaration of absence			
For foreigners type of permit	<input type="checkbox"/> file C	<input type="checkbox"/> file B	<input type="checkbox"/> file L	valid from			
Status	<input type="checkbox"/> student	<input type="checkbox"/> employee expatriate ¹	<input type="checkbox"/> trainee	<input type="checkbox"/> teacher	<input type="checkbox"/>		
School / employer				End of stay in Switzerland			
Street & no*							
Post code & city* (*In Switzerland)							

1. Expatriate workers are required to attach to this form, a certificate of exemption from payment of social security (AHV, IV) in Switzerland.

2. MEMBERS OF THE FAMILY FOR WHOM THE EXEMPTION OF INSURANCE IS DEMANDED				
Surname	Forename (s)	Date of birth	Sex M ou F	Relationship
Place and date:		signature of policyholder * :		

The undersigned insurer certifies that the person or persons mentioned above enjoy during their stay in Switzerland health and accident insurance coverage equivalent to mandatory care insurance (see back), particularly covering:

- all hospitalization expenses in the general ward of public hospitals of the canton of Neuchâtel at the rates set forth for persons who are not covered under collective bargaining agreements. The technical and medical cost of hospitalization, including all services provided during the hospital stay, is determined according to SwissDRG (Swiss Diagnosis Related Groups; www.swissdr.org) which is the new rate system for the compensation of hospital services in acute somatic treatments. It sets the compensation for hospital services uniformly as packages by case, according to the latest revision of the LAMal;
- all expenses related to pregnancy and maternity, particularly lying in the general ward of public hospitals of the canton of Neuchâtel, at the rates set forth (according to the SwissDRG) for persons who are not covered under collective bargaining agreements;
- all expenses for treatment in a social medical establishment;
- all expenses for ambulatory treatments such as those defined in Articles 25 through 31 LAMal cited on the back of this document (by way of illustration, for dialysis, transplants and auto grafts, the SVK (Schweizerischer Verband für Gemeinschaftsaufgaben der Krankenversicherer / Swiss Federation for common tasks of health insurers; www.svk.org) rate will be applied, taking into account the rates set forth for persons who are not covered under collective bargaining agreements.
- Under this certificate, the undersigned insurer undertakes to pay the benefits when any of the above- mentioned situations occurs. Service by social community or canton aid is excluded.

Effective date of cover:

Stamp / seal and signature of insurer * :

Date of expiry of cover:

Place and date:

**FORMULAIRE A RENOYER A L'OFFICE CANTONAL DE L'ASSURANCE-MALADIE ET DES BOURSES
 D'ÉTUDES, ESPACE DE L'EUROPE 2, CASE POSTALE 716, 2002 NEUCHATEL**

*The insurer and the person insured undertake to communicate to the competent authority the cancellation of this contract, as well as any reduction of the cover of the insurance which no longer guarantees the equivalent cover to the compulsory Swiss health insurance cover.

Art. 25 General benefits in case of illness.

1. Compulsory health insurance covers the cost of treatment of illnesses and their after effects.
2. These benefits include :
Medical examinations and treatment whether it is delivered in a doctor's office, at the patient's home, during hospital care or half-hospitality or in a nursing home, by :
 1. medical doctors
 2. chiropractors
3. Persons acting under the authority of, or by delegation of a medical doctor.
Laboratory tests, medications, diagnostic or therapeutic devices ordered by a medical doctor or, within limits set by the Federal Council, by a chiropractor.
Partial reimbursement of expenses incurred for treatment in a spa, if such treatment was prescribed by a medical doctor.
Rehabilitation prescribed by a medical doctor.
Hospital care in the general or public section of a hospital
Stay in an institution offering half-hospitality care ;
Partial overage of costs incurred for medically necessary transportation and rescue services.
Pharmacy contribution for prescribed medicine delivery according to letter b.

Art. 26 Preventive measures

Compulsory health insurance covers the costs of tests which can lead to early detection of certain illnesses, as well as preventive measures for patients at high risk for certain types of illnesses. These tests or preventive measures must be carried out or ordered by a medical doctor.

Art. 27 Congenital disabilities

In the case of a congenital disability not covered by disability insurance, compulsory health insurance covers costs in the same way as it would in case of other types of illnesses.

Art. 28 Accidents

In the case of an accident, as defined in Art.1, par.2, letter b), compulsory health insurance covers costs in the same way as it would in case of illness.

Art. 29 Pregnancy and delivery

1. Compulsory health insurance covers the costs of specific care required in the case of pregnancy as well as regular costs as in cases of illness.
2. Specific care covered includes :
Regular check-ups, carried out by a medical doctor or a midwife, or ordered by a doctor, during and after pregnancy.
Delivery, whether it occurs at home, in the hospital or during half-hospitality, as well as care given by a medical doctor or a midwife.
Training and instruction given to mothers to establish breastfeeding.
Care accorded to new-born child in good health and his stay, in hospital with his mother.

Art. 30 Medically prescribed abortions

In cases of medically prescribed abortion, as defined by Art. 120 of the Swiss Penal Code, costs are covered by compulsory health insurance as in the case of illness.

Art. 31 Dental care

1. Compulsory health insurance covers the cost of dental care under the following :
If the necessity for dental care results from severe illness affecting the ability to chew, or
If they are caused by another serious illness or its after-effects, or
If dental care is necessary in order to treat severe illness or its after-effects.
2. Compulsory health insurance also covers the cost of treatment for lesions affecting the ability to chew caused by an accident as defined by Art.1, par. 2, letter b).