

Please fill out this form on the screen before printing it for signatures.

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**Legal texts**

- ▶ Loi fédérale sur l'assurance-maladie (LAMal) du 18 mars 1994
- ▶ Art. 2 de l'Ordonnance sur l'assurance-maladie (OAMal) du 27 juin 1995

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**Insured person's contact details**

Surname			Forename		
Title	Madam	Mister	Date of birth		
Street			NIP	City	
Email address			Nationality		
School / Company					
Adress					
End of stay in Switzerland					

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**Members of the family for whom the exemption of insurance is demanded**

Surname	Forename	Date of birth	Relationship
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**Signature insured person:**

The insurer and the insured person 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.

▶ Place

▶ Date

Signature of the  
insured person

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## For the insurer

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, 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.swissdrg.org](http://www.swissdrg.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 (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](http://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
- ▶ Expiry date of cover
- ▶ Place
- ▶ Date
- ▶ Stamp / seal and insurer signature



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## To submit the form :

### By contact form



Please click above or visit  
[www.ne.ch/ocab-contact](http://www.ne.ch/ocab-contact)

### By post

(download adress page)

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