



Requirement to take out insurance

«Frequently Asked Questions» (FAQ)

1. Is health insurance compulsory in Switzerland?

Yes. Health insurance is compulsory in Switzerland.

You need health insurance in particular:

- If you are resident in Switzerland, irrespective of your nationality. All the members of your family, both adults and children, require insurance.
- If you have a Swiss residence permit valid for three months or longer.
- If you are working in Switzerland for less than three months and do not have equivalent insurance cover from another country which is valid in Switzerland.
- If you are a Swiss national or a national of an EU/EFTA country, are working in Switzerland and are resident in a member state of the EU, in Iceland or in Norway. This also applies to any members of your family who are not employed.
- If you are a Swiss national or a national of an EU/EFTA country whose only source of income is a Swiss pension and are resident in a member state of the EU, in Iceland or in Norway. This also applies to any members of your family who are not employed.
- If you are receiving unemployment benefit from Switzerland and go to an EU/EFTA country for 3 months to look for work.
- If your Swiss employer posts you abroad to work for a limited period of time, you continue to be insured under the health insurance scheme during the posting. You can find more information in the information sheets on social insurance for posted workers (<http://www.bsv.admin.ch/themen/internationales/02765/index.html?lang=en>).

2. What happens if I do not take out insurance?

The authority designated by the canton will automatically register anyone required to take out insurance who fails to comply with this obligation in good time. The health insurance fund will then be chosen by the cantonal authority on your behalf.

3. When is insurance no longer required?

Insurance coverage ceases when a policyholder is no longer subject to compulsory insurance:

- if he or she dies
- if he or she leaves Switzerland to take up residence in another country and is not required to remain insured in Switzerland on the basis of the bilateral agreements with the EU or the agreement with EFTA countries (e.g. cross-border commuters, pensioners and their family members).

4. Who can be exempted from the obligation to obtain insurance in Switzerland, and what procedure should be followed?

You do not have to take out insurance:

- if you are a Swiss citizen or national of an EU/EFTA state and live in Switzerland but work in an EU/EFTA member state or receive your pension only from an EU/EFTA state;
- if you are an EU/EFTA member state national or Swiss national and have been sent from an EU/EFTA member state to Switzerland for a period of up to 24 months;
- if you are member of a diplomatic or consular mission or are employed by an international

organization which enjoys privileges under international law.

The following are exempted on request:

- people who are required to have health insurance under the law of a country with which no agreement has been concluded concerning limitation of the obligation to obtain insurance, insofar as liability to Swiss insurance would impose a double burden;
- people staying in Switzerland for purposes of basic or advanced training, such as students, pupils and trainees, and family members accompanying them;
- employees seconded to Switzerland who are exempted from liability to pay Swiss old-age and surviving dependents/disability insurance (AHV/IV) contributions under an international social security agreement, together with family members accompanying them;
- people residing in a member state of the EU, insofar as they may be exempted from the obligation to obtain insurance under the bilateral Agreement on Free Movement of Persons and Annex II thereto;
- holders of a residence permit for persons not pursuing an economic activity in accordance with the Agreement on Free Movement of Persons and the European Free Trade Agreement;
- people for whom membership of a Swiss insurance scheme would entail a marked deterioration in insurance coverage or in reimbursement of expenses and who, on account of their age and/or state of health, could not obtain comparable supplementary insurance or could only do so on terms that would be difficult to accept; provided that, throughout the period for which the exemption is valid, they have equivalent insurance coverage for healthcare in Switzerland.

Requests will be assessed by the competent cantonal authorities. For further information or to obtain the necessary forms, please contact the competent authority directly where you are residing/staying

<http://www.bag.admin.ch/themen/krankenversicherung/06377/06508/index.html?lang=de>.

5. My child was born at the end of the month. I registered in Switzerland in the middle of the month. Is the insurer entitled/obliged to charge a premium for the whole month?

Yes. Although this question is not explicitly mentioned in the law, it is important to note that premiums for compulsory health insurance are not calculated on a daily but exclusively on a monthly basis and that, in addition, these premiums are payable in advance. Premiums thus have to be paid for the whole month.

However, health insurance funds may adopt different practices with regard to charging for the first month. For example, while some insurers charge a premium for the month of birth regardless of the precise date of birth, others only charge a premium for the month of birth if the child is born in the first half of the month in question.

6. Within which period do I have to take out insurance, and what are the consequences of delayed registration?

You have to take out health insurance within three months of the date you take up residence or give birth to a child in Switzerland. The insurance is then back-dated to that date. As long as you meet this deadline, the health insurance company will reimburse you for the costs of any medical treatment incurred from the date you take up residence or gave birth to a child in Switzerland.

If you do not meet this three-month deadline, your insurance cover will only take effect from the date you register, and you will have to pay a premium supplement unless you can give good reasons for the delay.

7. Am I free to choose a health insurance fund?

Yes, the health insurance fund can be freely chosen; however, the fund in question must be approved in accordance with the Health Insurance Law.

A list of current premiums, by health insurance fund and canton/region, can be found at: <http://www.priminfo.ch>.

8. Can a health insurance fund refuse to insure me or attach conditions?

No. As far as compulsory health insurance (basic insurance) is concerned, all health insurance funds are obliged to accept your application irrespective of your age and state of health, and without stipulating any conditions or waiting period.

9. Can a health insurance fund require me to complete a health questionnaire when I apply for basic insurance?

No. In line with the obligation to provide insurance and the prohibition on stipulating conditions or a waiting period, the health insurance fund has to accept your application irrespective of your age and state of health. For this reason, you cannot be required to complete a health questionnaire.

In contrast, when you apply for supplementary insurance, the health insurance fund is entitled under the Federal Act on Insurance Policies to enquire about your state of health, to attach conditions, or simply to reject your application.

10. What can I do if a health insurance fund does not reply to my application?

If you wish to register with a health insurance fund, but it does not reply to your application or seeks to impose a deductible or coverage which does not suit you, our advice would be as follows: using registered mail, send this health insurance fund your application for basic health insurance, indicating your choice of deductible (either the standard rate or one of the options offered by the insurer in question) and the date on which coverage should start.

11. Can I suspend my accident cover if I am already covered under the Accident Insurance Act?

Yes. Your insurer will suspend this cover on request if you provide evidence that you are fully covered in accordance with the Accident Insurance Law. Your health insurer will then reduce your premium accordingly.

12. Can I suspend my health insurance during military or community service?

Yes, you can suspend your insurance during periods of service lasting longer than 60 consecutive days (e.g. basic military training, community service, protection and support (P&S) service). During these periods, the risk illness and the risk accident are covered by military insurance. Your health insurance fund will refund your premiums. The competent military or community authorities inform you about the procedure.

13. Do I have to remain insured in Switzerland when I am temporarily abroad (travelling, studying)?

Yes. If you leave the country for a certain period to travel or study but do not take up residence abroad, you are still required to have insurance in Switzerland (even if you have informed the local authority of your absence).

14. If I take up residence abroad, can I retain my basic health insurance in Switzerland?

Essentially, insurance coverage ceases when you leave Switzerland. Exceptions are made for certain groups (pensioners, unemployed, cross-border commuters, etc.) on the basis of bilateral agreements with the EU and the agreement with EFTA countries.

In addition, for people who were subject to compulsory health insurance, insurers may (but are not obliged to!) offer to continue to provide coverage on a contractual basis. The contract may be concluded with the same or a different insurer. The insurance relationship is then governed by insurance contract law.