CHECK FORM FOR THE EQUIVALENT OF SWISS HEALTH INSURANCE 2013

(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. PERSON	AL DETA	AILS OF	THE IN	SURED									
Surname									N. tel.				
Forename (s)						E-	mail					
Date of birth				nationality					sex		М	F	
Civil Status sin		single		m	maried		separated		divorced		wic	dower / widow	
Federal Law on Registered Partnerships of Same Sex Couples (Lpart)		joined by a registered partnership				rtnership red by the	partnership dissolved by death		partnership dissolved upon declaration of absence				
For foreigner type of permi			0		file B		file L		valid fr	om			
Status School / emp		ident	er	nployee expatriate			trainee tea			eacher tzerland		<u> </u>	
Street & no													
Post code &	city*												
(*if possible in	Switzerlan	d)											
2. MEMBER			LY FOF			MPTION OF I	NSI				1		
Surname			Forename (s)			Date of birth			Sex M ou F		Relation	nship	
						ļ			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Place and date:						signature of	f po	licyholder *	:				
The undersigned insurer certifies that the person or persons mentioned above enjoy during their sojourn 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 Geneva 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 the APDRG (All Patient Diagnosis Related Groups; www.isesuisse.ch). The APDRG is a classification permitting the grouping of hospitalizations based on the afflictions treated and the costs associated therewith. It is established based on the diagnosis codes operating codes identified during the hospital stay;													
 all expenses related to pregnancy and maternity, particularly lying in the general ward of public hospitals of the canton of Geneva, at the rates set forth (according to the APDRG) for persons who are not covered under collective bargaining agreements; 													
 all expenses for treatment in a social medical establishment (by way of illustration, FRS 10.30 to FRS 159.65 per day, depending on the health status of the person); 													
 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 (Schweizericher 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 d	ate of c	over:						St	amp / s	seal and	signatı	ure of ins	surer * :
Date of exp	oiry of c	over:											
Place and c	late:												

FORM TO BE RETURNED TO THE SERVICE DE L'ASSURANCE-MALADIE, ROUTE DE FRONTENEX 62, 1207 GENEVE - tel. 022 546 19 00 - fax 022 546 19 19

^{*}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.

EXCEPTS FROM THE FEDERAL LEGISLATION ON HEALTH INSURANCE (LAMAL) OF MARCH 18TH 1994)

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).