



**APPLICATION FOR EXEMPTION FROM AFFILIATION OF SWISS HEALTH INSURANCE FOR
PRIVATE HOUSEHOLD EMPLOYEE INSURED IN THE EMPLOYER'S STATE OR
ANOTHER STATE UNDER ARTICLE 6, PARAGRAPH 2,
OF THE ORDINANCE ON HEALTH INSURANCE (OAMa)**

1. Personal information about the private household employee

Surname(s):	<input type="text"/>	First name(s):	<input type="text"/>		
Date of birth:	<input type="text"/>	Civil status:	<input type="text"/>	Tel.:	<input type="text"/>
Nationality:	<input type="text"/>	Sex:	<input type="text"/>	Legitimation card Nr:	<input type="text" value="F 0"/>
Address:	<input type="text"/>			Nr:	<input type="text"/>
Postal code:	<input type="text"/>	City:	<input type="text"/>	Country:	<input type="text"/>

2. Exemption request from the Swiss health insurance system and signature

I request exemption from the Swiss health insurance system. I enclose herewith a copy of the legitimation card (on both side), a copy of the foreign health insurance certificate and the "Check form for the equivalent of Swiss health insurance" duly completed, stamped and signed by the foreign insurer.

Place of residence: Date:

Signature: