



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 a Swiss national or a national of an EU/EFTA state living and working in Switzerland, any members of your family not in employment living in an EU member state, in Iceland or Norway must also be insured in Switzerland.
- 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 www.bsv.admin.ch/bsv/en/home/informations-for/versicherte/int.html.

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 within the allotted timeframe. The health insurance provider 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 the person dies
- if the person 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 is exempted from the obligation to obtain insurance in Switzerland?

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 posted to Switzerland from an EU/EFTA member state for a period of up to 24 months;
- if you are member of a diplomatic or consular mission or are employed by an international organisation which enjoys privileges under international law;
- if you come to Switzerland only for medical treatment or convalescence.

The following people are exempted on request provided that, throughout the period for which the exemption is valid, they have equivalent insurance coverage for healthcare in Switzerland:

- 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;
- workers posted to Switzerland who are exempted from liability to pay Swiss Old Age and Survivors' / Invalidity 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 Agreement on the Free Movement of Persons and Annex II thereto (exercising option rights);
- holders of a residence permit for persons not pursuing an economic activity in accordance with the Agreement on the Free Movement of Persons and the European Free Trade Agreement.

The following are also exempted on request:

- 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.

Requests will be assessed by the competent cantonal authorities where you live or work, or in the case of pensioners living in an EU/EFTA state, by the HIA Collective Institution. For further information or to obtain the necessary forms (e.g. "Choix du système d'assurance applicable" for people living in France and working in Switzerland or drawing a Swiss pension), please contact the competent authority in your place of residence or work.

www.bag.admin.ch/bag/en/home/versicherungen/krankenversicherung/krankenversicherung-versicherte-mit-wohnsitz-im-ausland/versicherungspflicht.html

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

No. Following a decision taken by the Federal Supreme Court concerning the divisibility of premiums under compulsory health insurance (decision of 3 December 2015) the premium is divisible. This means that in the event of a birth or a death, or if someone moves to Switzerland or moves away, the insurer has to calculate the premiums to the day. This rule has been in effect since 3 December 2015.

6. How much time do I have to take out insurance, and what are the consequences if I don't register in time?

You have to take out health insurance within three months of becoming liable for compulsory insurance (e.g. of the date you take up residence or give birth to a child in Switzerland). The insurance is then back-dated to the beginning of compulsory insurance. Since expenses are reimbursed retroactively, consequently it is mandatory to pay the premiums retroactively from the beginning of coverage on.

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 provide a valid reason for the delay.

7. Am I free to choose my health insurance provider?

Yes, you are free to choose your health insurance provider; however, the provider must be approved in accordance with the Health Insurance Act.

A list of current premiums, by health insurance provider and canton/region, can be found at: www.priminfo.admin.ch/de/praemien.

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

No. As far as compulsory health insurance (basic insurance) is concerned, all health insurance providers 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 provider require me to complete a health questionnaire when I apply for basic insurance?

No. If you are subject to compulsory insurance, the health insurance **provider** has to accept your application irrespective of your age and state of health. It may not stipulate conditions or a waiting period. For this reason, you cannot be required to complete a health questionnaire.

However, if you apply for supplementary insurance, the health insurance provider is entitled under the Insurance Policies Act 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 provider does not reply to my application?

If you wish to register with a health insurance **provider**, 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 stop my accident cover if I am already covered by accident insurance?

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

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

Yes, you can suspend your insurance during periods of service lasting longer than 60 consecutive days (e.g. basic military training, civilian service, protection and support (P&S) service). During these periods, the risks of illness and accident are covered by military insurance. Your health insurance provider will refund your premiums. The relevant authorities will notify 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?

In general, insurance coverage ceases when you leave Switzerland. Certain groups of persons who move to an EU or EFTA country (e.g. pensioners, cross-border commuters and their family members) are still subject to compulsory health insurance in Switzerland. That also applies to posted workers sent abroad from Switzerland.

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 the Insurance Policies Act.