

Form: Health Insurance Certification



**Certification
given by the domestic health insurance company concerning full
insurance cover during the stay in Switzerland**

(Please send/bring to: Kontrollstelle für Krankenversicherung der Stadt St.Gallen,
Rathaus, 9001 St.Gallen)

The person named below

Last Name: _____

First Name: _____ Date of birth: _____

Marital status: _____ Address/Post code/Town: _____

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Phone number for further queries: _____

and members of the family: (unemployed husband/wife and/or unemployed children).

Name: _____

First Name: _____ Date of birth: _____

First Name: _____ Date of birth: _____

First Name: _____ Date of birth: _____

is/are insured during a stay in another member state of the European Community **as well as in Switzerland** in the event of illness and accidents (during working hours and leisure time), as far as these risks are not covered by any insurance company. The insurance covers the costs of benefits in kind, according to KVG-benefits overleaf. The insurance cover is valid until the _____ (date).

Name and address of the foreign health insurance company:

Town and date:

Stamp/Signature
of health insurance company