



Gemeinsame Einrichtung KVG  
Institution commune LAMal  
Istituzione comune LAMal

Industriestrasse 78  
CH-4600 Olten  
www.kvg.org

## Questionnaire to proofs of claim S1/S072/E121

Please complete the questionnaire in block letters and date and sign it on the third page. Please refer to the information on your current situation. You will have to inform us immediately about possible changes that occur after this verification.

<b>Surname, First name</b> .....	
<b>Date of birth</b> .....	<b>Gender</b> <input type="checkbox"/> m <input type="checkbox"/> f
<b>Address, No.</b> .....	
<b>Postal code, Town</b> .....	
<b>Date of settlement in Switzerland</b> .....	
(Only required when completing the questionnaire for the first time)	
<b>13-digit Swiss social security number 756</b> .....	
(If you do not have this yet, you can leave this field empty)	
<b>Telephone No., E-Mail</b> .....	
<b>IBAN, BIC</b> .....	
<b>Name of bank</b> .....	
<b>Account holder and address if different from above</b> .....	
(Your bank details are imperative for a reimbursement of your costs)	
<b>Civil status:</b>	
<input type="checkbox"/> single	<input type="checkbox"/> married since .....
<input type="checkbox"/> separated	<input type="checkbox"/> widowed
	<input type="checkbox"/> divorced since .....
	<input type="checkbox"/> registered partnership
	(please enclose documents of registration in Switzerland)
<b>Education:</b>	
<input type="checkbox"/> Studies	<input type="checkbox"/> yes <input type="checkbox"/> no in (country) ..... from/to .....
<input type="checkbox"/> Industrial placement	<input type="checkbox"/> yes <input type="checkbox"/> no in (country) ..... from/to .....
<b>Gainful employment:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Workload</b>	
<input type="checkbox"/> Employed in (country) .....	with (employer) ..... %
<input type="checkbox"/> Self-employed in (country) .....	..... %
<input type="checkbox"/> Apprenticeship in (country) .....	with (employer) ..... %
<b>I currently draw a state pension (e.g. old age pension, company pension, disability pension or other pensions).</b>	
From Switzerland	<input type="checkbox"/> yes <input type="checkbox"/> no since/per .....
From (country) .....	<input type="checkbox"/> yes <input type="checkbox"/> no since/per .....
From (country) .....	<input type="checkbox"/> yes <input type="checkbox"/> no since/per .....
<b>I have applied for a pension or will apply for a pension within the next 12 months (also applies for early withdrawal and deferred pension).</b> (Please enclose a copy of the pension application)	
From Switzerland	<input type="checkbox"/> yes <input type="checkbox"/> no since/per .....
<b>Have you ever been insured under the Swiss AHV scheme (e.g. as a result of gainful employment or residence in Switzerland)?</b>	
<input type="checkbox"/> yes <input type="checkbox"/> no	



## Family details

\*\*Only to be completed if children are dependent family members.

Insurance-no.	<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child father <input type="checkbox"/> Child mother	1. Child**	2. Child**	3. Child**
Surname				
First name				
Date of birth				
Gender	<input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/> m <input type="checkbox"/> f
Address if different from main address				
13-digit Swiss social security number	756 .....	756 .....	756 .....	756 .....
Name of current health insurance				
Pension from (country)	<input type="checkbox"/> yes <input type="checkbox"/> no .....	<input type="checkbox"/> yes <input type="checkbox"/> no .....	<input type="checkbox"/> yes <input type="checkbox"/> no .....	<input type="checkbox"/> yes <input type="checkbox"/> no .....
Gainful employment in (country) with (employer)	<input type="checkbox"/> yes <input type="checkbox"/> no ..... .....	<input type="checkbox"/> yes <input type="checkbox"/> no ..... .....	<input type="checkbox"/> yes <input type="checkbox"/> no ..... .....	<input type="checkbox"/> yes <input type="checkbox"/> no ..... .....
Apprenticeship Industrial placement in (country) with (employer)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no ..... .....	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no ..... .....	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no ..... .....	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no ..... .....
Scholar/Student until probably	<input type="checkbox"/> yes <input type="checkbox"/> no .....	<input type="checkbox"/> yes <input type="checkbox"/> no .....	<input type="checkbox"/> yes <input type="checkbox"/> no .....	<input type="checkbox"/> yes <input type="checkbox"/> no .....



Gemeinsame Einrichtung KVG  
Institution commune LAMaI  
Istituzione comune LAMaI

Industriestrasse 78  
CH-4600 Olten  
[www.kvg.org](http://www.kvg.org)

Insured persons and their employers must take part without charge in the enforcement of the social insurance acts. Anyone who claims insurance benefits must provide, free of charge, all information needed to justify the claim and determine the insurance benefits (Art. 28 paragraph 1 and 2 of the Federal Act on the General Part of Social Insurance Law [ATSG] of 6 October 2000).

Any significant change in the circumstances which determine a benefit must be notified immediately unto the Gemeinsame Einrichtung KVG by the persons who draw the benefits, their members of family or third parties who receive such benefits (cf. Art. 31 paragraph 1 ATSG).

Please note that a culpable violation of the above-mentioned obligation to cooperate and/or obligation to report leads to a retroactive change in the benefits resulting in a recovery of these benefits (cf. Art. 25 paragraph 1 ATSG). The general provisions of the penal code as well as Art. 6 of the Federal Act of 22 March 1974 on the administrative criminal law apply (Art. 79 paragraph 1 ATSG).

The signatory agrees that the Gemeinsame Einrichtung KVG transmits the Swiss social security numbers for persons with mutual benefits assistance named in the questionnaire to the Central Compensation Office (CCO) in Geneva. The Central Compensation Office provides the Gemeinsame Einrichtung KVG with information whether a pension (without indicating the type and amount of the pension) is paid out and the beginning of the possible receipt.

I, hereby, confirm that the above statements have been made truthfully and completely and that I have read and understood the enclosure on the benefits assistance in Switzerland.

.....  
Date

.....  
Signature



Gemeinsame Einrichtung KVG  
Institution commune LAMal  
Istituzione comune LAMal

Industriestrasse 78  
CH-4600 Olten  
www.kvg.org

## **Information sheet for benefits assistance in Switzerland (responsibilities and consequences of non-compliance)**

Please pay careful attention to the following information. With your signature on the questionnaire, you confirm that you have answered the questions completely and truthfully and that you have read and understood this information sheet.

### **Why a questionnaire?**

By means of the details you have given us on your questionnaire, we will assess whether benefits assistance in respect of illness, recreational accident and maternity is possible for you or whether an obligation to be insured in Switzerland exists. For example, an obligation to be insured in Switzerland exists if you are employed in Switzerland or draw a Swiss pension – independent of the amount of your income. Children have to be insured in Switzerland if at least one parent is obliged to be insured in Switzerland because he/she is employed here.

Benefits assistance for children is possible until the age of 18 unless they have taken up further education or studies in which case it is extended to the age of 25. In exceptional cases this can be extended further. We reserve the right to request details of further education or studies.

### **What happens if an obligation to be insured in Switzerland exists?**

Should the registration for benefits assistance have to be denied, the responsible cantonal authority will be informed. Basically, the responsibility to ensure the adherence to insurance requirements lies with this authority (Art. 6 KVG).

### **Why do I have to communicate changes immediately?**

In Switzerland it is only possible to take out health insurance retrospectively for a maximum of three months. Therefore, it is important for you to inform us about changes without delay.

### **What happens if I communicate changes too late?**

If you do not duly inform us, you risk an insurance gap between the end of your health insurance abroad and the beginning of your insurance cover in Switzerland. This can lead to a situation where you will have to pay for medical costs yourself which occur during the insurance gap.

Even without medical treatment during the time in question, an interruption of your insurance protection can have considerable consequences in respect of future claims to benefits or insurance cover.

Legal basis:

Art. 28 par. 1 and 2 ATSG (Federal law concerning general conditions of social insurance), art. 31 par. 1 ATSG, art. 25 par. 1 and 2 ATSG, art. 92 par. 1 lit. a and b KVG (Federal law concerning health insurance), art. 93 par. 1 lit. a KVG and art. 76 par. 4 decree (EG) Nr. 883/2004.