



**Certificate
of entitlement to necessary benefits
in kind during a stay in Switzerland,
issued by foreign health insurance institution**



only for privately-insured cross-border workers
(Country of residence D, A, I, F)

(To be handed to municipal supervisory authority for social security
at *place of employment*.)

The following person:

Name _____ First Name _____
Marital status _____ Date of birth _____
Address (Postal code/Place/Address)

Employed by (Name and address of company)

and family members(s):

Name _____
First name _____ Date of birth _____
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 **and in Switzerland,**
against sickness and against injury at the place of employment and during free time, inasmuch
as no other accident insurance exists.

The insurance coverage is guaranteed at least until (date) _____.

Confirmation by foreign health insurance company:

Place and Date: _____ Stamp/Signature: _____