



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

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

The following person:

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

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)**. In case of **residence in a healthcare institution** in Switzerland, at least one payment will be made. The insurance coverage is guaranteed at least until (date) _____ .

Confirmation by foreign health insurance company:

Place and Date: _____ Stamp/Signature: _____