Supplementary sheet

Families and assistance in kind
Individuals with a residence in Switzerland

Further information about your family with residence in an EU/EFTA country

Applicant

Surname | First name

Current canton of residence

Please answer the following questions in order to register for assistance in kind:

Physical address of family members

a) Economically inactive family members resident in the EU/EFTA

Spouse or registered partner

Surname | First name

Date of birth | AHV no.

Dependent child

Surname | First name

Date of birth | AHV no.

Dependent child

Surname | First name

Date of birth | AHV no.

b) Have your economically inactive family members chosen to opt out and been exempted from mandatory Swiss health insurance, or will they be exempted? (This is possible only if their country of residence is Germany, Finland, France, Italy or Austria.) ☐ Yes ☐ No

c) **To be completed only in the case of dependent children:**
Is the other parent gainfully employed in the country of residence? ☐ Yes ☐ No
If yes, it is not possible to take out insurance in Switzerland/the Principality of Liechtenstein.

d) I hereby authorise SWICA to register me and my co-insured family members with the following health insurer, and agree to having this insurer

Name/location of the health insurer

If you do not provide information about the health insurer, we will send you an S1 form. You must then submit this form yourself to a statutory health insurance company in your country of residence.

If your family members do not have an AHV number, we also need the following information for the application, as well as a copy of their ID/passport or a copy of their birth certificate:

Spouse or registered partner

Mother's first name and surname

Father's first name and surname

Dependent child
First name and surname of the other parent

Dependent child
First name and surname of the other parent

Power of attorney for family policy

By signing this power of attorney for the joint submission of insurance applications and administration of insurance, the undersigned confirms that the parties are jointly applying for insurance cover. This means that an application is made for several persons who qualify as a family (e.g. husband and wife including children/cohabiting partners/grandparents and grandchildren).

Joint insurance administration also means that all documents (e.g. enrolment decisions, invoices for premiums and co-payments, benefit statements, insurance policies, insurance cards, tax certificates, correspondence concerning reimbursements, insurance cover, etc.) in connection with the insurance relationship are managed as a family policy (payment facility for the family) and that the person defined below as the main contact person is designated as the payer of all premiums and co-payments for the family policy (i.e. the main contact person is responsible for ensuring that the premiums of all the individuals insured under the family policy are paid in full) and as the recipient for all correspondence and benefit payments. Accordingly, SWICA will send or forward all correspondence and the information contained therein, including particularly sensitive personal information such as health data, to this main contact person. This applies to all items sent by post, including orders/rulings, legally binding notifications and decisions that are subject to a deadline. SWICA accepts no liability for the consequences of any disclosure of data by the main contact person, nor can SWICA be held liable for any consequences arising if the main contact person fails to pass on information to an insured person in due time. This power of attorney is valid until revoked and can be revoked at any time.

Place/date

Signature of applicant

Signature of all co-insured adult persons

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