

Information on moving abroad

If you are moving abroad, please note the following:

Temporary stay in another country not involving a change of residence

If you stay in another country temporarily or if you do not establish legal domicile in another country, you must remain insured in Switzerland. In these cases it is not possible to leave the mandatory healthcare insurance scheme.

Information in respect of continued insurance obligation if you are moving to an EU/EFTA country or to the United Kingdom

If you are maintaining a financial relationship with Switzerland, for example by receiving a salary, pension, daily benefits or unemployment benefits, you will generally remain subject to the mandatory health insurance requirement in Switzerland unless you receive income (such as a salary or pension) from your new country of residence within the EU/EFTA or the United Kingdom. You may also continue to be subject to the mandatory health insurance requirement if you receive income from other EU/EFTA countries (other than your country of residence).

Right to opt out when moving to an EU/EFTA country

If you move to Germany, France, Italy, Austria, Portugal, Spain or Finland, you may, under certain circumstances, have a right to opt out within three months of the date of your move. That means that you and/or your family members who are not in gainful employment have the option to choose the country in which you have health insurance. To exercise this right, you must submit a written request for exemption from the Swiss insurance obligation to the relevant cantonal authority within the specified period. An exemption is definitive and irrevocable.

If you exercise your right to opt out, you must send confirmation of your exemption to SWICA immediately.

EU/EFTA countries (questions 2b/c):

Austria (AT), Belgium (BE), Bulgaria (BG), Croatia (HR), Cyprus (CY), Czech Republic (CZ), Denmark (DK), Estonia (EE), Finland (FI), France (FR), Germany (DE), Greece (EL), Hungary (HU), Iceland (IS), Ireland (IE), Italy (IT), Latvia (LV), Liechtenstein (LI), Lithuania (LT), Luxembourg (LU), Malta (MT), Netherlands (NL), Norway (NO), Poland (PL), Portugal (PT), Romania (RO), Slovakia (SK), Slovenia (SI), Spain (ES) and Sweden (SE).

Voluntary supplementary insurance

If you are exempt from mandatory insurance under the Federal Health Insurance Act (KVG) in Switzerland as a result of your move abroad, your supplementary insurance plans will also be cancelled in accordance with our General Insurance Conditions (GIC) under Art. 12, para. 4 of the Insurance Policies Act (VVG). If the insurance obligation under the KVG ceases to apply during your stay abroad, the supplementary insurance plans will also be terminated. If the KVG cover is provided by an insurer other than SWICA, the insured person is obliged to notify SWICA that the insurance obligation no longer applies (see section headed Duty to cooperate). If the insurance obligation under the KVG continues, existing supplementary insurance plans may also be continued. This excludes the KTI Concordia, Salaria KVG and Salaria VVG supplementary insurance plans, which will be terminated in any event.

Duty to cooperate

Under Art. 22 of our General Insurance Conditions under the KVG and Art. 30 of the General Insurance Conditions for supplementary insurance, you have an obligation to notify, inform and cooperate. A delay in informing us of a change of domicile or a failure to notify us of an exemption from the insurance obligation may thus result in financial disadvantage for you.

Claim in a case where there is no KVG cover

If you fail to notify SWICA that you are no longer subject to the mandatory health insurance requirement, SWICA reserves the right to pay benefits under the supplementary insurance plans on a one-off basis, deducting any KVG benefits, and then to cancel the supplementary insurance plans.

SWICA Global Care

Are you relocating abroad and therefore no longer subject to the obligation to have insurance in Switzerland? With its Global Care plan, SWICA offers you optimum health and accident cover that's been specially designed for your requirements. To be eligible for this insurance, you must be resident in Switzerland at the time your application is accepted by SWICA. If you are subject to mandatory insurance in your new home country, you may end up with double insurance. Global Care cannot be used to circumvent an insurance obligation.

Further questions

For more detailed information, please contact SWICA Customer Services.

Questionnaire on your deregistration from Switzerland

Surname

First name

SWICA insured person no.

Date of birth (day/month/year)

Nationality

Phone (daytime)

Email

Other family members (only minor family members – **adults must complete this form themselves**). Please also provide surname, first name, nationality, date of birth and insurance number.

You must complete, sign and return this questionnaire so that we can determine your insurance obligation. Please enclose with this form the confirmation of deregistration from your municipality if you have not already sent it to SWICA.

1. Residence clarification

Will you have your new place of residence abroad?

Yes Under the following address
(street/no./postcode/city/country)

From when?

No Please send us the exemption from the health insurance obligation, if you have one. Please note that we may not be able to terminate your mandatory healthcare insurance unless we have this exemption and confirmation that you have moved your place of residence abroad.

2. Financial links with Switzerland

a) Are you or your spouse being sent abroad by a Swiss employer as part of your current job?

Yes Please send us the written confirmation (certificate of posting from the AHV compensation fund) and notify us of your new address (if not already provided under question 1).

No

b) Will you maintain a financial relationship with Switzerland, for example by pursuing gainful employment or by receiving a pension, daily benefits (health/accident) or unemployment benefits?

(Question 2b only has to be completed if the new residence is within the EU/EFTA or the United Kingdom.)

Yes Please state which benefits you receive from Switzerland or other countries, and send us the relevant certificates so that we can review your personal situation.

Benefits received from Switzerland

Benefits received from other countries

No

- c) Are you gainfully employed within the EU/EFTA or the United Kingdom area?
(Answer question 2c only if your spouse is also insured with SWICA.)

Yes Start date

No If your spouse is gainfully employed in Switzerland, insurance in Switzerland may be required, depending on certain conditions.
Your situation will have to be reviewed individually. We will contact you.

If your spouse is not insured with SWICA, please clarify the insurance obligation as a family member with his/her Swiss health insurer.

3. Supplementary insurance

If you remain subject to the obligation to have health insurance in Switzerland, you have the option to continue any existing supplementary insurance plans under the Insurance Policies Act (VVG). Would you like to exercise this option?

Yes

Otherwise I agree to the termination of my supplementary insurance.

If you are exempt from mandatory insurance in Switzerland, any supplementary insurance under VVG will also end.

4. Bank details

For any refunds of premiums and/or benefits. The foreign account details are only necessary if the Swiss bank/postal account has already been closed.

IBAN

BIC

Name, address of bank

Account holder

(with address, if different from above)

I agree to bear any relevant bank/transfer charges (e.g. service charges, third-party costs, exchange rate differences).

5. Declaration by the undersigned

By signing this form I confirm that,

- I have read and understand the information on moving abroad.
- I have answered all questions fully and truthfully.
- Even the answers that are not in my handwriting are an accurate reflection of the information I provided..

As an alternative to signing the form, you can confirm the information in an email to SWICA. Please send us the completed form by email and copy the declaration by the undersigned into your email as confirmation.

Place/date

Signature of policyholder