

# Insurance certificate application form



## 1. Applicant details

In which country do you have your residence?

1.1 Last name

1.2 Maiden name

1.3 All first names

given name in capitals

1.4 Date of birth

dd, mm, yyyy

1.5 Social Security Number if known

If you do not know your Social Security number, complete the form in full, print it out and send it to the relevant compensation office by post or e-mail.

13 digits, enter number without dots or spaces.

You can find your Social Security number also on your swiss health insurance card.

1.6 Sex

male  female

1.7 Address

Street

number

Postcode

town

Phone / Mobile

E-mail

1.8 Nationality

1.9 Place and country of birth

## 2. Parents' details

2.1 Mother's Last name

including name prior to marriage / registered partnership

2.2 All first names

given name in capitals

2.3 Father's Last name

including name prior to marriage / registered partnership

## 2.4 All first names

given name in capitals

## 3. Reason for application

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- Cross-border commuters
- Move to Switzerland from abroad
- Change in personal details (only for non-Swiss residents)
- Other

Please fill in

## 4. Your employer

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Company name

Company affiliate no

Street

Number

Zip Code

Town

## Attachments

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**Attachments to the form:**

- Copies of ID papers (e.g. family record book, residence or work permit, confirmation of place of residence, last pay slip, passport, ID, foreign ID)
- Other