

Office vaudois de l'assurance-maladie

Ch. de Mornex 40 1014 Lausanne

## APPLICATION FOR EXEMPTION FROM AFFILIATION OF SWISS HEALTH INSURANCE FOR PRIVATE HOUSEHOLD EMPLOYEE INSURED IN THE EMPLOYER'S STATE OR ANOTHER STATE UNDER ARTICLE 6, PARAGRAPH 2, OF THE ORDINANCE ON HEALTH INSURANCE (OAMal)

## 1. Personal information about the private household employee

Surname(s):	First name(s):
Date of birth:	Civil status: Tel.:
Nationality:	Sex: Legitimation card Nr: F 0
Address:	Nr:
Postal code:	City: Country:

2. Exemption request from the Swiss health insurance system and signature

I request exemption from the Swiss health insurance system. I enclose herewith a copy of the legitimation card (on both side), a copy of the foreign health insurance certificate <u>and</u> the "Check form for the equivalent of Swiss health insurance" duly completed, stamped and signed by the foreign insurer.					
Place of residenc	;e:	Date:			
Signature:					

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