

Form **C** : Application for release from health insurance requirement



To: Kontrollstelle für Krankenversicherung, Rathaus, 9001 St.Gallen

**Application for release from Swiss Health Insurance Requirement for Students and Interns**

Surname \_\_\_\_\_ First name \_\_\_\_\_

Address in St.Gallen \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_\_

Mobile \_\_\_\_\_/\_\_\_\_\_

e-mail address \_\_\_\_\_

Dear Sir and Madam

I herein apply to be released from the requirement of Swiss Health Insurance during my period of study as I am already in possession of such insurance in \_\_\_\_\_  
(Country)

Place, date \_\_\_\_\_

Signature



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