

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 _____

Nationality _____

Nationality of father _____

Nationality of mother _____

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

_____ (homeland)

St.Gallen, date _____

Signature _____