English translation of the French original circular verbal notes
dated 15 and 21 November 2017

The Permanent Mission of Switzerland to the United Nations Office and to the other international organisations in Geneva presents its compliments to the International Organisations based in Switzerland and has the honour to communicate the following information regarding the revision of Ordinance on Health Insurance (OAMal).

With the decision of the Swiss Federal Council of 15 November 2017, the OAMal has been amended, specifically Article 6 (persons enjoying privileges under international law) (see enclosure in French). The amended ordinance will enter into force on 1 January 2018.

1. Staff members of the international organisations and members of their family (spouse and unmarried children under 25) who enjoy privileges and immunities and hold a legitimation card of the Federal Department of Foreign Affairs (FDFA) of type ‘B’, ‘C’, ‘D’, ‘E’, ‘G’, ‘L’ or ‘P’, and Swiss staff members of the international organisations who hold an FDFA legitimation card of type ‘S’

In accordance with Article 6 paragraph 1 of the current ordinance, the situation of these persons remains unchanged in the amended ordinance. They continue not to be required to take out Swiss health insurance, but may do so if they wish. The period of six months within which they must apply for Swiss health insurance cover or present an application for affiliation to a Swiss health insurer remains unchanged. This period starts from the date of issue of an FDFA legitimation card.

2. Members of family, who do not enjoy privileges and immunities, of staff members of the international organisations

Concerned here are family members who are not holders of an FDFA legitimation card and those with a an FDFA legitimation card of type ‘H’.

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1 With the exception of the employees of the ICRC and the members of their family. For the members of family of Swiss staff members, please refer to section 2 of the present circular verbal note.
2 OAMal: https://www.admin.ch/opc/fr/classified-compilation/19950219/index.html (in French, German or Italian).
3 Specifically spouses and children who have Swiss nationality or hold a B or C residence permit and live in Switzerland, or those who are Swiss or Community nationals, live in a member State of the European Union or the European Free Trade Association and work in Switzerland (with a G permit for non-Swiss cross-border commuters).
4 Specifically cohabitants/partners (i.e. those not recognised as dependent in the Staff Regulations of the international organisation), the children (unmarried, over 25), the ascendants or other family members who have been admitted to Switzerland for the purpose of family regrouping.

To the International Organisations
based in Switzerland
Pursuant to Article 6 paragraph 4 of the amended ordinance, those family members who are covered by the health insurance of the international organisation to which the principal beneficiary belongs to and who themselves do not benefit from privileges and immunities will be eligible from 1 January 2018 to apply for exemption from the obligation to take out Swiss health insurance providing their health insurance cover is equivalent for treatments in Switzerland.

These family members will be required to present a written request for exemption to the competent cantonal authority (health insurance Service). The request must be accompanied by a written attestation from the health insurance of the international organisation that provides all the necessary information (cover offered for treatments in Switzerland). They will have three months in which to present the request, the period beginning as of entry into force of the amended ordinance on 1 January 2018 and thereafter as of the date of affiliation to the health insurance of the international organisation. Once this period has passed, the person will no longer be able to apply for exemption.

Persons who are granted exemption from Swiss health insurance will be able, if necessary, to terminate in writing their Swiss health insurance policy (basic coverage). They must enclose with the letter of termination a copy of the decision on exemption issued by the competent cantonal authority. The health insurance policy will be terminated as of the date on which the person is exempted. Persons who have concluded a private supplementary health insurance policy will only be able to terminate this cover in accordance with the procedures set out in the general conditions of insurance.

The amended ordinance stipulates that persons who have been granted exemption will no longer be able to reconsider their exemption nor their decision to renounce exemption. This means that as long as they remain affiliated to the health insurance of the international organisation, they will not be able to ask to be insured by a Swiss health insurer. If the health insurance of the international organisation terminates the policy because the conditions allowing the person to be insured are no longer met, the person must inform the competent cantonal authority in writing in order to be able to be covered by a Swiss health insurer. If the person is affiliated to the health insurance of another international organisation (for example, because the principal beneficiary is hired by another international organisation), they must inform the competent cantonal authority in writing and present a new request for exemption.

If the person is hired as staff member by an international organisation, their status will change and they will enjoy privileges and immunities. Their situation is then governed by Article 6 paragraph 1 of the ordinance. The person must inform in writing the cantonal authority that granted them exemption when they were affiliated as a member of family.

3. Staff members of the international organisations who have terminated their functions and members of their family

In accordance with Article 6 paragraph 3 of the current ordinance, former staff members who remain affiliated to the health insurance of the international organisation that employed them may submit a written request for exemption to the competent cantonal authority providing that their insurance cover is analogue for treatments in Switzerland. The request must be accompanied by a written attestation from the health insurance of the international organisation and must provide all the necessary information (cover offered for treatments in Switzerland).

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5 In the interests of the insured persons concerned, it is necessary to ensure that they are only exempt from the obligation to insure themselves if their private insurance cover is effectively equivalent to the cover stipulated in the relevant provisions of the Swiss Federal Act on Health Insurance (LAMal).
The amended ordinance maintains this option of exemption but stipulates that henceforth their insurance cover must be equivalent for treatments in Switzerland. The three-month period within which such a request must be submitted remains unchanged; it begins as of the date of the end of functions. Once this period has passed, the person will no longer be eligible for exemption.

Article 6 paragraph 4 of the amended ordinance stipulates that the members of family will benefit from the same facility and under the same conditions as the principal beneficiary. In this case too, the three-month period within which a request must be submitted begins as of the date on which the principal beneficiary ceased their functions. Once this period has passed, the person will no longer be eligible for exemption.

The amended ordinance stipulates that persons who have been granted exemption will no longer be able to reconsider their exemption nor their decision to renounce exemption. This means that they will remain affiliated to the health insurance of the international organisation and will not be able to ask for insurance cover by a Swiss health insurer. If the health insurance of the international organisation terminates the contract because the conditions allowing the person to be insured are no longer met, the person concerned must inform the competent cantonal authority in writing in order to be able to be insured by a Swiss health insurer.

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The Swiss Mission thanks the international organisations in advance for informing their staff members of the contents of this circular verbal note.

The Permanent Mission of Switzerland to the United Nations Office and to the other international organisations in Geneva avails itself of this opportunity to convey to the International Organisations based in Switzerland the assurances of its highest consideration.

Enclosure: mentioned

Geneva, 21 November 2017

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6 The term 'analogue' was changed to 'equivalent' in keeping with other articles in the OAMal. The meaning of these two terms is essentially the same. In the interests of the insured persons concerned, it is necessary to ensure that they are only exempted from the obligation to insure themselves if their private insurance cover is effectively equivalent to the cover stipulated in the relevant provisions the Swiss Federal Act on Health Insurance (LAMal).
ANNEXE à la note verbale circulaire aux organisations internationales du 15 novembre 2017

L'Ordonnance du 27 juin 1995 sur l'assurance-maladie est modifiée au 1er janvier 2018 comme suit :

Article 6 Personnes jouissant de privilèges en vertu du droit international

1 (inchangé) Les personnes bénéficiaires de privilèges, d'immunités et de facilités visées à l'art. 2, al. 2, let. a et c, de la loi du 22 juin 2007 sur l'Etat hôte, à l'exception des domestiques privés, ne sont pas tenues de s'assurer. Elles peuvent demander à être soumises à l'assurance suisse.

2 (inchangé) Les domestiques privés des personnes bénéficiaires mentionnées à l'al. 1 sont soumis à l'assurance obligatoire lorsqu'ils ne sont pas assurés dans l'État de l'employeur ou dans un État tiers. Le DFAE règle les modalités d'application de cette disposition.

3 (modifié) Les personnes qui ont cessé d'exercer leurs fonctions auprès d'un bénéficiaire institutionnel visé à l'art. 2, al. 1, let. a, b, i ou k, de la loi sur l'État hôte 1 sont exemptées sur requête de l'assurance obligatoire, pour autant que leur couverture d'assurance soit équivalente pour les traitements en Suisse. La requête doit être accompagnée d'une attestation écrite de l'organisme compétent de leur ancien bénéficiaire institutionnel donnant tous les renseignements nécessaires. L'intéressé ne peut revenir sur l'exception ou la renonciation à une exception.

4 (modifié) Les personnes qui sont assurées avec une personne mentionnée aux al. 1 ou 3 auprès de l'assurance-maladie d'un bénéficiaire institutionnel visé à l'art. 2, al. 1, let. a, b, i ou k, de la loi sur l'État hôte 1 et qui ne bénéficient pas elles-mêmes de privilèges ou d'immunités sont exemptées sur requête de l'obligation de s'assurer, pour autant que leur couverture d'assurance soit équivalente pour les traitements en Suisse. La requête doit être accompagnée d'une attestation écrite de l'organisme compétent du bénéficiaire institutionnel donnant tous les renseignements nécessaires. L'intéressé ne peut revenir sur l'exception ou la renonciation à une exception.

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1 Aux termes de l'art. 2, al. 1, let. a, b, i et k, il s'agit des bénéficiaires institutionnels suivants : organisations intergouvernementales, institutions internationales, secrétariats ou autres organes créés par un traité international et tribunaux internationaux.