



Accident & Medical Insurance, third party liability insurance





Accident&Medical Insurance

Mandatory!



**Please register
immediately!**

- . Medical costs are high
- . You might be registered on a compulsory basis



Accident&Medical Insurance

Official agency:

Service de l'Assurance Maladie

SAM

Route de Frontenex 62

1207 Geneva

www.ge.ch/sam/



2 options



1st option – swiss insurance

1. Sign up for a Swiss student health insurance policy

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you study, we care!



2nd option – your health coverage

- Usually prior to your arrival
- Request the SAM's validation by using the check form
- Get it signed and stamped by your insurance company

! Not valid if not signed and stamped or if your insurance has not accepted all conditions

REPUBLIQUE ET CANTON DE GENEVE
Département de la cohésion sociale
Service de l'assurance-maladie

CHECK FORM FOR THE EQUIVALENT OF SWISS HEALTH INSURANCE 2019
(Federal Law on Medical Insurance (LAMal) of March 18, 1994)
(Article 2, CAMal of June 27, 1995)

FOREIGN INSURER CERTIFICATE REQUIRED FOR DISPENSATION FROM
COMPULSORY INSURANCE IN SWITZERLAND

1. PERSONAL DETAILS OF THE INSURED				
Surname				N. lit.
Forename (s)				E-mail
Date of birth	nationality	sex	<input type="checkbox"/> M	<input type="checkbox"/> F
Civil Status	<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> separated	<input type="checkbox"/> divorced <input type="checkbox"/> widower / widow
Federal Law on Registered Partnerships of Same Sex Couples (LexPa)	<input type="checkbox"/> joined by a registered partnership	<input type="checkbox"/> partnership dissolved by the court	<input type="checkbox"/> partnership dissolved by death	<input type="checkbox"/> partnership dissolved upon declaration of absence
For foreigners type of permit	<input type="checkbox"/> title C	<input type="checkbox"/> title B	<input type="checkbox"/> title L	valid from
Status	<input type="checkbox"/> student	<input type="checkbox"/> employee expatriate ¹	<input type="checkbox"/> trainee	<input type="checkbox"/> teacher <input type="checkbox"/>
School / employer	End of stay in Switzerland			
Street & no ^a				
Post code & city ^a (in Switzerland)				

1. Expatriate workers are required to attach to this form, a certificate of exemption from payment of social security (AHV, IV) in Switzerland.

2. MEMBERS OF THE FAMILY FOR WHOM THE EXEMPTION OF INSURANCE IS DEMANDED				
Surname	Forename (s)	Date of birth	Sex M ou F	Relationship
Place and date:	signature of policyholder * :			

The undersigned insurer certifies that the person or persons mentioned above enjoy during their stay in Switzerland health and accident insurance coverage equivalent to mandatory care insurance (see back), particularly covering:

- all hospitalization expenses in the general ward of public hospitals of the canton of Geneva at the rates set forth for persons who are not covered under collective bargaining agreements. The technical and medical cost of hospitalization, including all services provided during the hospital stay, is determined according to SwissDRG (Swiss Diagnosis Related Groups; www.swissdrg.org) which is the new rate system for the compensation of hospital services in acute somatic treatments. It sets the compensation for hospital services uniformly as packages by case, according to the latest revision of the LAMal;
- all expenses related to pregnancy and maternity, particularly lying in the general ward of public hospitals of the canton of Geneva, at the rates set forth (according to the SwissDRG) for persons who are not covered under collective bargaining agreements;
- all expenses for treatment in a social medical establishment;
- all expenses for ambulatory treatments such as those defined in Articles 25 through 31 LAMal cited on the back of this document (by way of illustration, for dialysis, transplants and auto grafts, the SVK (Schweizerischer Verband für Gemeinschaftsaufgaben der Krankenversicherer / Swiss Federation for common tasks of health insurers; www.svk.org) rate will be applied, taking into account the rates set forth for persons who are not covered under collective bargaining agreements.
- Under this certificate, the undersigned insurer undertakes to pay the benefits when any of the above-mentioned situations occurs. Service by social community or canton aid is excluded.

Effective date of cover: Stamp / seal and signature of insurer * :
Date of expiry of cover:
Place and date:

FORM TO BE RETURNED TO THE SERVICE DE L'ASSURANCE-MALADIE, ROUTE DE FRONTENEX 82,
1207 GENEVE - tel. 022 546 19 00 - fax 022 546 19 19

*The insurer and the person insured undertake to communicate to the competent authority the cancellation of this contract, as well as any reduction of the cover of the insurance which no longer guarantees the equivalent cover to the compulsory Swiss health insurance cover.



The SAM will contact you.



Please send them a copy of your policy (Swiss Insurance or check form) when they do so.



Health issue? Urgent consultation?



Set up your appointment: hug.plus/consultationetudiants

or

Go to the **URGENCES** rue Gabrielle-Perret-Gentil 4



Third party liability insurance

**Strongly
advised!**

- . Check if your private insurance covers your exchange in Switzerland
- . If you live at the Cité Universitaire, you signed for one already



Third party liability insurance

Buy your insurance in Geneva:



Scorestudies or any other

The screenshot shows the website for 'scorestudies :)' with the tagline 'you study, we care!'. The navigation menu includes 'Accueil', 'Nos solutions', 'S'inscrire en ligne', 'Mon espace', 'Contact', and a language dropdown set to 'Français'. The main content is divided into two columns. The left column is titled 'Qu'est-ce que c'est?' and describes private liability insurance as covering damages from unintentional acts. The right column is titled 'Les primes' and lists two benefits: CHF 3 million per event for bodily injuries and material damage, and worldwide coverage (excluding US and Canada) with a CHF 200 franchise per event. At the bottom, two pricing cards are shown: 'Responsabilité Civile Privé Individuelle' at CHF 68.00 per year and 'Responsabilité Civile Privé Famille / Colocation' at CHF 105.00 per year.

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you study, we care!

Accueil Nos solutions S'inscrire en ligne Mon espace Contact Français

Qu'est-ce que c'est?

L'assurance responsabilité civile privée couvre des dommages faisant suite à des actes involontaires causés à des personnes ou à des objets par ta faute par négligence ou imprudence.

Les primes

- CHF 3 millions par événement pour l'ensemble des lésions corporelles et dégâts matériels
- Couverture monde sauf États-Unis et Canada
Franchise: CHF 200.- par événement

Responsabilité Civile Privé	Prix (CHF / an)
Individuelle	68.00
Famille / Colocation	105.00



You borrowed, rented or bought a bike:

It is mandatory to hold a third party liability insurance!





Before leaving Switerzland

To cancel
your policy



**If you are registered with
ScoreStudies, request a
certificate of departure
with the OCPM**



<https://tinyurl.com/OCPM-Monde>



Complete the form in **BLOCK CAPITALS**. Date and sign, before sending. Please refer to the additional instructions on the back of the form.

Request Type

Permanent departure: Temporary departure (permit category: B):
Leave of absence authorization (permit category: C):

NE PAS AGRANDIR

1. Beneficiary

1.1 Last name(s): 1.2 First name(s):
1.3 Nationality (origin): 1.4 Gender: F M
1.5 Date of birth: 1.6 Place of birth:
1.7 Civil status: 1.8 Phone number:
1.9 E-mail address:

2. Address in Geneva

2.1 Street: No.: 2.2 Apartment No :
2.3 Postal Code : 2.4 Locality:
2.5 C/O Name: 2.6 First name:
2.7 Official housing number: 2.8 Floor: 2.9 Number of units:

3. Departure

3.1 Departure date: 3.2 Return date (in case of temporary departure) :
3.3 Destination (new address):
Location: Country:
3.4 Do you maintain an address in Geneva? Yes * No
* (Only in the case of a temporary departure. Does not apply to Swiss nationals)
3.5 Do you maintain an activity in Geneva? Yes (if yes, see practical information) No

4. Does this departure also concern your spouse/partner? No Yes (if the answer is yes, please fill out a personal form)

4.1 Last name(s): 4.2 Single person's last name(s):
4.3 First name(s): 4.4 Nationality:
4.5 Date of birth: 4.6 Gender: F M

5. Child (children)

5.1 Last name(s)	5.2 First name(s)	5.3 Date of birth	5.4 Gender	5.5 Concerns the child?
.....	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you wish to receive a certificate of departure, in order to use it for official paperwork? No Yes (if yes, see practical information)

Reason(s) for requesting a certificate of departure:
.....
.....
.....

Place/Date: Signature:
(Beneficiary or legal representative)

Place/Date: Signature:
(The other parent, in case of joint parental custody)

This space is reserved for the use of the administration

#Quittance:
Collaborateur:
Observations:



Questions





More questions



Guichet Mobilité Information
Every day from 10am to 1pm

or

Academic Exchange Office
Every day from 10 to 12.30

Uni Mail, Room 050

