

## Application for voluntary insurance with the compulsory insurance system (AVS / AI) for persons without gainful employment accompanying their insured spouses or legal partners abroad (art. 1a al.4 let c LAVS)

### Spouse / Partner without gainful employment

\_\_\_\_\_  
Surname / First name > please enclose a copy of your ID card  Ms.  Mr.

\_\_\_\_\_  
NSS no. > replaces AVS no.

\_\_\_\_\_  
Date of marriage / partnership > please enclose a copy of your marriage or registered partnership certificate

\_\_\_\_\_  
Date of departure abroad

### Employee posted abroad

\_\_\_\_\_  
Surname / First name > please enclose a copy of your ID card or residence permit  Ms.  Mr.

\_\_\_\_\_  
NSS no. > replaces AVS no.

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date of departure abroad

### Joint address abroad

\_\_\_\_\_  
Host country

\_\_\_\_\_  
Street / No.

\_\_\_\_\_  
Post code / Place

### Comments

By signing the present application, the applicant attests that he / she is not gainfully employed, confirms that the information provided herein is true and accurate, and promises to provide information on any changes which could lead to termination of the present insurance, according to the legal provisions in force.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of spouse / partner without gainful employment

Enclosures :

- Copy of ID card or residence permit
- Copy of residence permit for non-EU nationals
- Copy of family record book, marriage or registered partnership certificate

### CVCI-AIV Compensation Fund decision

- Application accepted  Application refused

### Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Excerpts from legal provisions

### **Art. 1a, al.4, let. c LAVS**

Spouses without gainful employment, domiciled abroad, and persons gainfully employed and insured according to al. 1, let. c, or al. 3, let. a, or according to an international agreement, are eligible for insurance.

### **Art. 5j RAVS**

Coverage continues without interruption if the request is submitted within six months after departure. If the declaration is submitted later, the insurance takes effect on the first day of the month following that in which the declaration was submitted.

### **Art. 5i Termination of insurance**

The insured person may terminate the insurance with a 30-day notice with effect from the end of the month.

### **4065 DAA**

A written request for insurance must be submitted to the active spouse's or legal partner's compensation fund.

### **4066 DAA**

If the request for insurance is submitted within a period of six months after fulfilment of conditions, coverage continues without interruption.

### **4067 DAA**

If the declaration is submitted later, coverage will begin on the first day of the month following that in which the declaration was submitted.

### **Duty to inform**

You must inform us immediately of any changes in your personal situation which might affect your status such as:

- return or transfer of domicile to Switzerland (with or without your partner);
- resumption of gainful employment (in Switzerland or abroad);
- change in civil status (divorce, widowhood).

### **A note of caution**

Applying for continued coverage does not automatically exempt you from the obligation to pay social contributions in the host country. It is up to you to obtain all relevant information from the competent authorities.