

Federal Department of Foreign Affairs (FDFA)

Permanent Mission of Switzerland to UNOG Host Country Division **Legal and Protocol Section** P.O. Box 194 – 1211 Geneva 20

Request for family reunification for relatives in the ascending line of the principal beneficiary/spouse

To be returned to the Swiss Mission

Reminder of the rules and conditions under the Guidelines

In exceptional cases and depending on the circumstances, a relative in ascending line of the principal beneficiary or their spouse may be allowed to enter Switzerland on the grounds of family reunification. This relative must live together with the principal beneficiary in the same household in Switzerland and be in the principal beneficiary's sole care. The request must be justified and be submitted by the organisation to the Swiss Mission before the person concerned arrives in Switzerland.

If the request is accepted, the person will be issued a type "H" legitimation card upon arrival in Switzerland; the card will be valid for three months and may be renewed from year to year. The card will allow this person to reside permanently in Switzerland with the principal beneficiary for the duration of the employment of the latter. The person will be subject to Swiss law, in particular, to the legislation covering social security and taxation¹. **The principal beneficiary shall ensure that the person complies with the above-mentioned legislation.**

When applying for renewal of the legitimation card, the organisation must submit to the Swiss Mission a copy of the Swiss health certificate or, if applicable, a copy of the decision of exemption granted by the health insurance Service of the canton of residence. In addition, the Swiss Mission will, if necessary, request proof of the affiliation to the Swiss social security system (AVS) and of the announcement to the tax authorities.

NAME OF THE ORGANISATION		
PRINCIPAL BENEFICIARY	□ Ms	□ Mr
Name/surname		
Type/Nr of the legitimation card		starting date of function
Private address		
RELATIVE IN THE ASCENDING LINE	□ Ms	□ Mr
Name/surname		
Date of birth	_Family rel	lationship: □ mother □ father □ mother-in-law □ father-in-law
Nationality/ies		
City/country of residence (when applying))	
	l beneficiar	eneficiary/spouse and/or is in their sole care. ry/spouse due to old age and/or their state of health.
Official stamp of the organisation	Date _	
	Signat	ture (HR department)
	decision	n a copy of the request with its decision. If necessary, the to the competent Swiss representation to facilitate the person concerned.
After examination, the Swiss Mission:	accepts t	he request □ does <u>not</u> accept the request
Date	Signat	ture

Refer to the information note: https://www.eda.admin.ch/missions/mission-onu-geneve/en/home/manual-regime-privileges-and-immunities/introduction/Manuel-personnes-sans-privileges-et-immunites-carte-H/Autres-membres-de-famille-OI-MP-legislation-en-matiere-impot-et-sociale.html