

Surname, First name:
Street:
Postcode, Town:

Groupe Mutuel
Rue des Cèdres 5
P.O. Box
1919 Martigny

Power of attorney

Name, first name (authorising person):.....

Client number:

Full address:

Name of insurer:

authorizes the following person to undertake the actions specified hereafter:

Name, first name (authorised person):.....

Full address:.....

Type of access:

- consult administrative data (except medical documents)
- consult medical data
- represent the insured person before the insurance company
- change data in the insured person's health records

Reason for the power of attorney: *(it is mandatory to specify at least one reason)*

- change of address
- change of payment details
- checking payments (e.g. premiums, arrears, subsidies, debt collection procedures)
- checking statements of benefits
- checking invoices from healthcare providers
- other reasons :

Specific access for GMnet users:

- I authorise the undersigned to manage my health insurance records within his/her GMnet account.
By accepting, I accept that the undersigned person will be able to consult and modify my personal, contractual and medical data.

The represented person confirms that he/she has read the above information. The validity of the power of attorney begins as soon as it is signed and lasts as long as the represented person does not revoke it. Persons under 18 years of age are not authorised to grant a valid power of attorney. Any falsification of the power of attorney will be prosecuted.

Place and date:
.....

Signature (authorising person):
.....

Place and date:
.....

Signature (authorised person):
.....

To be enclosed (mandatory):

- Copy of identity document (identity card, passport) of the authorising person
- Copy of identity document (identity card, passport) of the authorised person

This power of attorney remains valid in the event of a change of insurer within Groupe Mutuel, unless you revoke the agreement.