

Surname, First name: .....

Street: .....

Postcode, Town: .....

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

## Authorisation to obtain information / to represent a person

**Surname, First name, Street, Postcode, Town:**

.....

authorises:

**Surname, First name, Street, Postcode, Town:**

.....

to access information (except documents from the medical department) and to represent the insured person before the following member insurer of Groupe Mutuel:

**Name of the Insurer:** .....

**Client No.:** .....

**Reason for accessing information / representing the person:**

- Change of address
- Change of payment details
- Verification of payments (e.g. premiums, arrears, subsidies, debt collection procedures)
- Verification of statements of benefits
- Verification of healthcare provider invoices
- Other reason: .....

(You must specify a reason!)

**GMnet:**

- I authorise the undersigned to manage my GMnet account.

**I hereby confirm that I am aware that persons who are under 18 are not allowed to grant an authorisation to obtain information / to represent a person, and that modifying data intentionally shall be punished under criminal law.**

Place and date:

Signature:

..... (Authorising person)

..... (Authorised person)

Enclosures (required):

Copy of the identity document (e.g. identity card, passport) of the authorising person

Copy of the identity document (e.g. identity card, passport) of the authorised person