

Application for free transfer to individual insurance for daily allowance benefits

Information on the insured company

Company name : _____
Postcode/Town : _____
Contract No. : _____

Information on the person leaving the group insurance scheme

Name : _____
First name : _____
Address : _____
Postcode/Town : _____
AVS/AHV number (13 digits) : _____
Date of birth : _____
Telephone number : _____
Email address : _____
Date of appointment in the company : _____
Date of departure : _____

Reasons for departure

- end of employment
 departure abroad
 other reasons – to be specified :

Renseignements complémentaires

Has an announcement been made to the unemployment insurance fund? yes no
If yes, please attach a recent statement of unemployment benefits.

Do you have a new job? yes no
If yes, please attach a copy of the employment contract or corresponding salary statement.

Signature of the applicant: _____

Place and date: _____

Please return this form to the email address: offres@groupemutuel.ch

Companies under Groupe Mutuel Holding SA

Avenir Assurance Maladie SA - Easy Sana Assurance Maladie SA - Mutuel Assurance Maladie SA - Philos Assurance Maladie SA
SUPRA-1846 SA - AMB Assurances SA - Groupe Mutuel Assurances GMA SA - Groupe Mutuel Vie GMV SA

Foundations administered by Groupe Mutuel Services SA

Groupe Mutuel Prévoyance-GMP - Mutuelle Neuchâteloise Assurance Maladie
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