

Departure from Switzerland – Reply coupon for Pensioner

Name and first name _____ Client No _____
 Date of birth _____ Nationality _____
 Marital status _____ Country of destination _____
 Current legal address (street, postcode, town and country) _____

 Telephone number _____ Email address _____
 Name and address of the bank _____
 BIC/SWIFT _____
 IBAN and/or account number _____

Family member(s)

Spouse

Name and first name of spouse _____
 Insurance company of spouse _____
☐ My spouse is not gainfully employed _____
☐ My spouse is gainfully employed in (please indicate name of country) _____
☐ My spouse is receiving a pension / daily allowance benefits : ☐ Yes ☐ No
 If yes, name of the country / body from which the pension is received _____

Children

- ☐ I have no dependent children.
☐ I have a dependent child / dependent children. If yes, please fill in the following table :

First name of Child	Name of Child	Date of birth	Insurer(s)	Situation (in school, apprentice, etc)
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Beneficiary of a Swiss pension / daily allowance benefits since _____

Name and address of organisation paying the allowance _____

Type of statutory benefits:

- | | |
|--|--|
| <input type="checkbox"/> old-age pension (AVS/AHV) | <input type="checkbox"/> disability insurance (AI/IV) |
| <input type="checkbox"/> military insurance | <input type="checkbox"/> accident insurance |
| <input type="checkbox"/> occupational benefits (pension) | <input type="checkbox"/> occupational benefits (lump-sum capital amount) |
| <input type="checkbox"/> orphan's pension | |

☐ I wish to maintain my contract

- Attach the certificate of departure from the place of residence in Switzerland as well as a document certifying your entitlement to a Swiss pension.

The premium for your compulsory health insurance will be adjusted according to your new country of residence.

☐ I wish to terminate my contract and take out insurance in my new country of residence

Please contact: Institution Commune LAMal de Soleure, Gibelinstrasse 25, P.O. Box, 4503 Solothurn

Phone: +41(0)32 625 30 30, in order to exercise your right of option (only for departures to Austria, France, Germany, Italy, Portugal and Spain). This organisation will send us directly the approved decision.

Documents to be attached:

- Certificate of departure from your place of residence in Switzerland
- Certificate of the new foreign insurance company

My income comes / will come from abroad : ☐ Yes ☐ No

If yes, since _____

Type of income _____ Country of origin _____

Activity rate (%) _____

- Attach the certificate of departure from the place of residence in Switzerland

Place and date :

Signature :



Please return this document to the following address :
Groupe Mutuel - Contracts - Rue du Nord 5 - PO Box - CH-1919 Martigny

Companies under Groupe Mutuel Holding SA

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