

Departure from Switzerland – Reply coupon Family members

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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Dependent family member of a person receiving an income from Switzerland

(family of the resident and worker in Switzerland) : ☐ Yes ☐ No

If yes, since _____

Type of income _____

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

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

Insured person over 25 years of age and financially independent

☐ yes ☐ no (one-time funding for parents)

Place and date :

Signature :



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