

Family ungrouping Form to update information

Client 1: policyholder

Name:	First name:
Health insurer:	Client No.:
Street:	P.O. Box:
Postal code:	Town:
Private telephone number:	Mobile number:
Email:	
Bank / post office:	Account No.:
Clearing No.:	Postcode / Town:

Client 2

Name:	First name:
Health insurer:	Client No.:
Street:	P.O. Box:
Postal code:	Town:
Private telephone number:	Mobile number:
Email:	
Bank / post office:	Account No.:
Clearing No.:	Postcode / Town:

Children

Name and first name:	Client No.:	Date of birth	To be grouped with:	
			Client 1 <input type="checkbox"/>	Client 2 <input type="checkbox"/>
			Client 1 <input type="checkbox"/>	Client 2 <input type="checkbox"/>
			Client 1 <input type="checkbox"/>	Client 2 <input type="checkbox"/>
			Client 1 <input type="checkbox"/>	Client 2 <input type="checkbox"/>

Place and date:

Signature client 1 Signature client 2

Please return this document to the following address:

Groupe Mutuel – Gestion Clientèle - Rue du Nord 5 - PO Box - CH-1919 Martigny