

Family ungrouping as from _____ (indicate a future date)

Form for data update

If no date is given, the contract will be ungrouped at the next possible date.

Client 1: policyholder

Name:	First name:
Insurer:	Client No.:
Street/No.:	P.O. Box:
Postal code:	Place:
Phone (private):	Mobile phone:
E-mail:	
Bank/Postfinance:	IBAN/Account No.:
Clearing No.:	Postal code/Place:

Client 2

Name:	First name:
Insurer:	Client No.:
Street/No.:	P.O. Box:
Postal code:	Place:
Phone (private):	Mobile phone:
E-mail:	
Bank/Postfinance:	IBAN/Account No.:
Clearing No.:	Postal code/Place:

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 – Rue des Cèdres 5 – PO Box - CH-1919 Martigny