

## Family ungrouping

### Form to update information

#### 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

**Companies under Groupe Mutuel Holding SA:**

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

**Foundation administered by Groupe Mutuel :** Groupe Mutuel Prévoyance-GMP

**Administrative details :** Rue des Cèdres 5, CH-1919 Martigny – 0848 803 111 – [www.groupemutuel.ch](http://www.groupemutuel.ch)