

## Invoice regrouping

Please note that regrouping contracts is only possible for spouses, registered partners, cohabitants, or children under the age of 18. If the insurer, address, and bank/postal account are identical, we will issue a single invoice for all the members mentioned below.

### Client 1 : policyholder

Name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Client No.: \_\_\_\_\_

### Client 2

Name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Client No.: \_\_\_\_\_

### Children

Name and first name	Client No.	Date of birth	Invoicing will 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"/>

### To which address should the joint invoices be sent?

Name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Street/No.: \_\_\_\_\_ P.O. box: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ Place: \_\_\_\_\_

### Bank/Postfinance:

Account holder: \_\_\_\_\_  
 Bank/Postfinance: \_\_\_\_\_ IBAN/Account No.: \_\_\_\_\_  
 Clearing No.: \_\_\_\_\_ Postal code/Place: \_\_\_\_\_

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)