groupemutuel

Invoice 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 ☐	Client 2 ☐	Allone ☐
			Client 1 ☐	Client 2 ☐	Allone ☐
			Client 1 ☐	Client 2 ☐	Allone ☐
			Client 1 ☐	Client 2 ☐	Allone ☐

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