

Invoice regrouping

Please note that regrouping contracts is only possible for spouses, registered partners, cohabitants or children under the age of 18. In addition, all family members must be covered by the same insurance company.

Policyholder

Name: _____ First name: _____
Health insurer: _____ Client No.: _____

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"/>	Alone <input type="checkbox"/>
			Client 1 <input type="checkbox"/>	Client 2 <input type="checkbox"/>	Alone <input type="checkbox"/>
			Client 1 <input type="checkbox"/>	Client 2 <input type="checkbox"/>	Alone <input type="checkbox"/>
			Client 1 <input type="checkbox"/>	Client 2 <input type="checkbox"/>	Alone <input type="checkbox"/>

To which address should the joint invoices be sent?

Name: _____ First name: _____
Street: _____ P.O. box: _____
Postal code: _____ Town: _____

Bank / post office:

Account holder: _____
Bank / post office: _____ Account No.: _____
Clearing No.: _____ Postcode / Town: _____

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