

Family regrouping Form to update information

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

Client 1: policyholder

Name:	First name:
Health insurer:	Client No.:
Street:	P.O. Box:
Postal code:	Town:
Private telephone number:	Mobile number:
Email:	
Bank / post office:	Account No.:
Clearing No.:	Postcode / Town:

Client 2

Name:	First name:
Health insurer:	Client No.:
Street:	P.O. Box:
Postal code:	Town:
Private telephone number:	Mobile number:
Email:	
Bank / post office:	Account No.:
Clearing No.:	Postcode / Town:

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 – Gestion Clientèle - Rue du Nord 5 – PO Box - CH-1919 Martigny