groupemutuel

Family regrouping valid as from _____

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 ☐
			Client 1 ☐	Client 2 ☐
			Client 1 ☐	Client 2 ☐
			Client 1 ☐	Client 2 ☐

Place and date :

Signature client 1: Signature client 2:

Important information:

Family regrouping cannot be requested for a date prior to the date on which this form is signed. If the regrouping date is not indicated above, the regrouping will be scheduled for the next billing date.

By signing this form, insured adults agree that all communications, premium invoices and statements of benefits will be sent to the policyholder indicated on this form, and agree that the policyholder will have access to all contract data, including data relating to medical care and state of health.

Family regrouping applies only to spouses, registered partners, cohabitants or minor children up to the age of 18. If the insurer, address details and bank or postal details are identical for all the insured persons indicated on this form, they will be billed together.

Document to be returned to Groupe Mutuel - Rue des Cèdres 5 – PO Box - CH-1919 Martigny