

## Individual assistance from Fondation Groupe Mutuel

### Authorisation form for processing and sharing personal data

The undersigned has applied for individual assistance from Fondation Groupe Mutuel. At the same time, this person must hold compulsory health insurance (LAMal/KVG) with a company represented by Groupe Mutuel Services SA (Groupe Mutuel Services SA and the companies represented by it are hereinafter referred to as "Groupe Mutuel".) In order to be able to process this request, these insurance companies must work together to provide coordinated services. To do this, they will share the data mentioned below in order to process the request.

### The undersigned

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Name, first name:

Date of birth:

Address:

Postcode, town:

Email address:

### Hereby authorises

Groupe Mutuel Services SA and Fondation Groupe Mutuel to share with each other my personal, administrative and medical data as mentioned below (or that of the represented person) for the purpose of processing my request for individual assistance (or that of the represented person) from Fondation Groupe Mutuel.

### Description of data:

- Personal and administrative data (first name, name, address, bank and/or postal account details, etc.);
- Sensitive data (medical invoices from Swiss or foreign doctors or healthcare providers, quotes, statements of benefits, latest tax return).

### **Purpose of data collection**

- By my signature, I acknowledge that I have been informed of the processing of my personal, administrative and medical data (or that of the represented person) by Fondation Groupe Mutuel and Groupe Mutuel Services SA and I give my explicit and free consent to this effect. I also authorise Fondation Groupe Mutuel and Groupe Mutuel Services SA to share the medical documents necessary for the purpose of this document. To this end, I release Groupe Mutuel Services SA from professional secrecy with regard to Fondation Groupe Mutuel. I also release Swiss and foreign doctors or other service providers from medical secrecy vis-à-vis Fondation Groupe Mutuel and Groupe Mutuel Services SA.
- With my signature, I certify that I have read this document and fully understand its contents. I expressly and freely agree to my personal data being processed. This consent to sharing data is valid for as long as necessary to process the request.
- With my signature, I acknowledge that neither Fondation Groupe Mutuel nor Groupe Mutuel Services SA can under any circumstances be held responsible for the accuracy and comprehensiveness of the information provided to them by the insured person, doctors, or other Swiss and foreign service providers.
- I also note that in the event of refusal, all means of recourse are excluded and that, in the event of acceptance, the assistance is an exceptional contribution that is granted on a case-by-case basis and without any acknowledgement of obligation on our part.
- This document is governed exclusively by Swiss law. Any disputes, differences or claims arising out of or relating to this document, including the validity, nullity, infringement, or realisation thereof, shall be determined in accordance with Swiss law. The exclusive place of jurisdiction shall be Martigny.

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Place

Date

Signature