

Invoice regrouping as from _____

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 regrouped 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"/>

To which address should the joint invoices be sent?

Name: _____ First name: _____
 Street/No.: _____ P.O. box: _____
 Postal code: _____ Place: _____

Bank/PostFinance:

Account holder: _____
 Bank/PostFinance : _____ IBAN/Account No.: _____
 Clearing No.: _____ Postal code/Place: _____

Place and date : _____

Signature client 1: _____ Signature client 2: _____

Important information:

Invoice 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 invoice recipient indicated on this form, and agree that the invoice recipient will have access to all contract data, including data relating to medical care and state of health.

Invoice regrouping applies only to spouses, registered partners, cohabitants or minor children up to the age of 18. Only persons insured with the same insurer may have their invoices regrouped.

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

Companies under Groupe Mutuel Holding SA:

Avenir Assurance Maladie SA / Easy Sana Assurance Maladie SA / Mutuel Assurance Maladie SA / SUPRA-1846 SA / Philos Assurance Maladie SA / AMB Assurances SA / Groupe Mutuel Assurances GMA SA

Foundation administered by Groupe Mutuel: Groupe Mutuel Prévoyance-GMP

Administrative details : Rue des Cèdres 5, CH-1919 Martigny – 0848 803 111 – www.groupemutuel.ch