

QUESTIONNAIRE · HEALTH INSURANCE (MUTUELLE)

Health insurance (mutuelle) questionnaire

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. No questions about your health: we compare cover, not medical records.

1. YOU

The policyholder.

Title : ☐ Mrs / Ms ☐ Mr First name : Last name : Date of birth : Marital status : ☐ Single ☐ Married / civil partnership ☐ Living with partner
☐ Divorced ☐ Widowed

Address : Postcode : Town :

Phone : Email :

Occupation : Status : ☐ Employee ☐ Self-employed ☐ Retired ☐ Student ☐ Not working

2. PEOPLE TO COVER

You, and your partner and children if any.

People to cover : ☐ Just me ☐ Couple ☐ Family (with children) ☐ Single parent with children

Partner: full name : Partner's date of birth : Partner's occupation :

Number and age of children :

Postcode of residence : You live in France : ☐ Yes ☐ No ☐ Moving in progress

3. YOUR SOCIAL SECURITY

French social security pays first; the mutuelle tops it up.

Your social security scheme : ☐ General scheme (employee) ☐ Self-employed (SSI) ☐ Agricultural (MSA)
☐ Civil servant ☐ Alsace-Moselle ☐ Student / otherPartner's scheme : ☐ General scheme (employee) ☐ Self-employed (SSI) ☐ Agricultural (MSA) ☐ Civil servant
☐ Alsace-Moselle ☐ Student / otherCompulsory employer health plan : ☐ No ☐ Yes, for me
☐ Yes, for my partnerMadelin contract (self-employed) : ☐ Yes ☐ No
☐ Advise me

4. YOUR CURRENT POLICY

Your current table of benefits is our point of comparison.

Currently covered : ☐ Yes ☐ No Current mutuelle or insurer : Policy number :

Renewal date : Current premium : € / month Member since :

Type of policy : ☐ Individual ☐ Group (employer) ☐ Senior policy

What no longer suits you : ☐ Premium too high ☐ Price increase ☐ Poor reimbursements ☐ Service and delays
☐ Change of circumstances

After one year, a mutuelle can be cancelled at any time, free of charge: we handle the paperwork and there is no gap in cover.

5. YOUR NEEDS

Your reimbursement priorities : ☐ Hospital ☐ Optical ☐ Dental (crowns, implants) ☐ Hearing
☐ Alternative medicine ☐ Maternity ☐ GP and specialists ☐ Balanced, all items

Level wanted : ☐ Budget ☐ Balanced ☐ Comfort ☐ Premium (higher dental and optical) ☐ Advise me

Fees above the official rate : ☐ Not needed ☐ Preferable Private hospital room : ☐ Not needed
☐ Essential ☐ Wanted

Payment : ☐ Monthly Start date wanted : ☐ As soon as possible Target budget : € / month
☐ Quarterly ☐ Annual ☐ Within a month ☐ At my current renewal ☐ Later

Details, constraints or questions :

6. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Social security entitlement certificate ☐ Table of benefits of the current policy ☐ Latest premium notice
☐ Bank details (IBAN)

No medical information is requested here. If an insurer required a health questionnaire, it would be sent to you directly, in confidence.

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: Date:

The policyholder

Signature

For ASSUDIRE use

Received on · adviser · study reference