



Insurance certificate

Document to be completed by your former insurer

We hereby certify that the persons listed below were covered by hospitalisation insurance with our company.

Names of insured persons	Date of birth	Address

Name of company:

Contract number:

Start date of previous contract:/...../.....

End date of previous contract:/...../.....

End date of payment:/...../.....

Société Mutualiste d'Assurances Neutra

Rue de Joie 5 - 4000 Liège
Tel : 04.254.54.90

N° entreprise : 0472.020.311
Agréé par l'OCM : n°250/2

info@neutrassur.be
<https://www.neutrahospi.be>

Type of cover

Type of room: Shared - 2 beds - Private
(delete as appropriate)

Percentage of additional fees covered in the event of hospitalisation:

..... % of actual costs or % of INAMI rate

Done at, on **Name, function and signature**