



Power of attorney for contract information

Scope of application

- Health insurance (KVG & VVG)
- Personal insurance Property and asset insurance
- Occupational benefits (BVG)
- Daily sickness benefit + Accident insurance
- Pension policy

Insured person

A copy of an official identity document **must** be enclosed for identification purposes.

First name, surname

Street, no.

Postcode, city

- Yes, I would like my insurance policy to be delivered to the authorized person.

Authorised person and company

Company

First name, surname

Street, no.

Postcode, city

Telephone number

E-Mail

I authorise the person named above to obtain the following information in insurance matters:

- Information on all policies held and all related information. This also includes particularly sensitive data
- Change personal details (e.g. name, marital status, address, bank details)
- Changes to cover (e.g. annual deductible, accident inclusion/exclusion, change of family doctor/model)
Cancellation of insurance cover

This power of attorney is valid from the date of signature until revoked in writing. I hereby unconditionally release the following companies and all responsible employees from their professional secrecy and their legal duty of confidentiality towards the authorised person within the scope of this power of attorney.

Place and date

Signature of the insured person or legal representative

Place and date

Signature of authorised person