

Power of attorney

Your data

Name

Date of birth

Insurance number

Address

To whom would you like to give power of attorney? (Authorised person)

Title Mrs Mr

Name

Address

ZIP/city

Date of birth

Telephone

E-mail

Information

I authorise the person named above to request information of any type from my insurer Vivao Sympany AG and/or Sympany Versicherungen AG.

Restrictions of the authorisation

Correspondence

I hereby instruct that all correspondence be sent to the authorised person (exceptions to be listed below).

Exceptions

Place/date

Signature

This authorisation is valid until revoked.