

Power of Attorney for Health Insurance

The principal (the person issuing the power of attorney)

Ms Mr

First name, surname

Street, no.

Postcode, town/city

Insurance number

Date of birth

Mobile phone

E-mail

hereby authorises the authorised representative

Ms Mr

First name, surname

Street, no.

Postcode, town/city

Date of birth

Mobile phone

E-mail

to take the following legal actions vis-à-vis CONCORDIA Swiss Health and Accident Insurance Ltd and CONCORDIA Insurances Ltd (hereinafter referred to as CONCORDIA):

Collection of all information and documents in verbal and written form

Notices of termination and change notifications (e.g. name, address, marital status, changes to the contract, payment account)

Address for postal deliveries

The principal also agrees that post will only be sent to the address of the authorised person, with the following effects:

Delivery of correspondence	The principal authorises CONCORDIA to send all correspondence with legal implications (e.g. policy, premium invoices and benefit statements) by post to the authorised person.
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myCONCORDIA	The principal's authorisation to access myCONCORDIA shall lapse.
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Information	CONCORDIA may give all information to the authorised person verbally and in writing. This authorisation applies irrespective of the legal action named above.
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