

Authorisation

SWICA Healthcare Organisation consists of SWICA Healthcare Insurance Ltd., SWICA Insurance Ltd., SWICA Management Ltd., and PROVITA Gesundheitsversicherung AG

A copy of an official identity document for both the insured person and the person being authorised **must be enclosed** for identification purposes.
Please complete the form in block capitals

Information about the insured person (person granting authorisation)

Mr Ms

First name _____
Surname _____
Street/no. _____
Postcode/town _____
Date of birth _____ (Day/Month/Year)
Insured person no. _____
Email _____

Person being authorised

Mr Ms

First name _____
Surname _____
Street/no. _____
Postcode/town _____
Date of birth _____ (Day/Month/Year)
Phone _____
Email _____

Please use this address for correspondence (please tick if applicable)

Relationship to the person to be insured

Spouse/registered partner Cohabiting partner Legal representative/parent Child
 Advisor/guardian Other _____

Declaration of authorisation

I hereby authorise the above-named person to act on my behalf vis-à-vis SWICA Healthcare Organisation and to represent me legally in the **following** insurance-related matters with immediate effect. To this end I hereby release SWICA Healthcare Organisation and all employees involved in these matters unreservedly from their non-disclosure obligations and their statutory confidentiality obligation vis-à-vis the above-named person.

I recognise all actions undertaken by the above-named person on the basis of this authorisation as legally binding on me at all times.

Please tick where applicable:

- Change personal details (e.g. name, marital status, address, payment details, bank details)
- Making of all changes to mandatory basic insurance
- Making of all changes to supplementary insurance plans
- Termination of basic insurance
- Termination of supplementary insurance plan(s)
- Obtaining of personal and health-related information
- Submission of personal and health-related information

- Receipt of all correspondence
- Receipt of the **following** correspondence:
 - Insurance policy
 - Premium invoices
 - Benefit statements/co-payment statements
 - General correspondence
 - Decisions
 - Insured person's card
 - Tax statement
 - Customer magazine

Further restrictions specified by the person granting authorisation

This authorisation comes into force on the date on which the authorisation is signed. It remains in force until it is revoked in writing, even after death, declaration as a missing person or loss of capacity to act of the insured person.

Place/date

Signature of the policyholder (parent or guardian)

Place/date

Authorised representative

Please complete and sign the form and return it, together with copies of the required identity documents, to SWICA Client Services. You will find the address on your insurance policy. Thank you.