

## Power of attorney

### Your datas

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 (authorised person) to request information of any type from my insurer of the Sympany Group. The Sympany Group comprises Vivao Sympany Ltd., Moove Sympany Ltd., Sympany Versicherungen Ltd., and Kolping Krankenkasse Ltd.

### 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 it is revoked.