

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		

The power of attorney relates to the **basic insurance in accordance with KVG** and **supplementary insurance(s) in accordance with VVG**.

Which information may the authorised person obtain?

- ☐ Information of any kind (this also includes sensitive data, such as medical data) **OR**
- ☐ Only information on specific topics:
- ☐ information on claim receipts, invoices from service providers and assumption of costs
 - ☐ information on premium and benefit statements
 - ☐ information on credit balances and claims (including debt collection matters)
 - ☐ information on contractual documents and health declarations

Which changes may the authorised representative make?

- ☐ Personal details (such as name, marital status, address, bank details)
- ☐ Contract amendments (such as insurance model, franchise, family doctor)
- ☐ Termination

Should the authorised person receive your correspondence?

☐ I wish the authorized person to receive all correspondence (such as premium invoices and insurance policies, as well as documents containing sensitive data such as benefit statements). Dispatch is by post.

Please note: this is only possible if you grant the power of attorney for information of any kind.

Important: You will then no longer receive any correspondence by post. If you are registered with mySympany, you can continue to view documents there.

With this power of attorney, **I unconditionally release the Sympany Group and all responsible employees from their professional secrecy** or statutory duty of confidentiality vis-à-vis the authorised person under the power of attorney. **The power of attorney is valid until revoked in writing.**

Place/Date

Signature