

Power of attorney

Insured person (principal)

Last name: _____ First name: _____ Insurance number: _____
Street, no.: _____ Post code/place: _____
Date of birth: _____ Telephone: _____

Authorised person

Last name: _____ First name: _____ Date of birth: _____
Street, no.: _____ Post code/place: _____
E-mail address: _____ Telephone: _____

The insured person (principal) hereby authorises the person listed above (authorised person) to undertake the following actions with regard to insurance matters with ÖKK* (mark as applicable):

- Amending and terminating insurance cover
- Obtaining information about premium and benefit statements
- Taking receipt of premium and cost-sharing invoices
- Paying premiums and cost-sharing amounts
- Taking receipt of benefit statements
- Taking receipt of benefit payments and premium reimbursements
(IBAN of authorised person: CH _____)
- Obtaining information about credit balances and claims
- Taking receipt of documents for tax assessments
- Changing bank account details

The authorised person is authorised to represent the principal vis-à-vis ÖKK in the designated areas. He/She is authorised to take all the necessary measures on behalf of the principal. The authorised person shall safeguard the interests of the principal and is bound by confidentiality. The actions above that have not been marked may still only be carried out by the insured person. This power of attorney applies from the date of signing until it is revoked in writing.

Place and date: _____ Signature of insured person: _____

Place and date: _____ Signature of authorised person: _____

Please send the completed and signed form together with a copy of an official piece of identification of the principal to the following address: ÖKK, Customer Center, Bahnhofstrasse 13, P.O. Box, 7302 Landquart.

* The ÖKK Group contains ÖKK Kranken- und Unfallversicherungen AG and KVF Krankenversicherung AG (compulsory health care insurance, KVG) as well as ÖKK Versicherungen AG (supplementary insurance, VVG). If the power of attorney is to apply only for your basic or supplementary insurance, this must be expressly stated.