Power of attorney

ÖKK5022e/09.26

Insured person (principal)

Last name: First name: Insurance number:

Street, no.: Post code/place:

Date of birth: Telephone: E-mail address:

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
- ☐ Information about health data
- ☐ Information about social welfare measures.

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. ÖKK processes personal data related to this power of attorney in accordance with the applicable data protection laws. Information on the processing of personal data and the rights of those affected is provided at: www.oekk.ch/en/oekk/data-protection

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.

ÖKK Kranken- und Unfallversicherungen AG
Bahnhofstrasse 13, Postfach, 7302 Landquart
info@oekk.ch, 0800 838 000