

## Power of attorney

Scope of application:  Basic health insurance (LAMal/KVG)  Supplemental insurance (LCA/VVG)  Accident insurance (LAA/UVG)

Name, first name (insured person): \_\_\_\_\_

Partner number:

Postal address: \_\_\_\_\_

### I authorise the following person to undertake the actions specified hereunder:

Name, first name (authorised person): \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth:    /   /

### Type of access:

- consult administrative data (except medical documents)
- consult medical data
- represent the insured person before the insurance company
- change data in the insured person's health records

### Reason for the power of attorney: (you are obliged to specify at least one reason)

- change of address
- change of payment details
- checking payments (e.g. premiums, arrears, subsidies, debt collection procedures)
- checking statements of benefits
- checking invoices from healthcare providers
- other reasons: \_\_\_\_\_

### Access for GMnet users:

- I authorise the undersigned to manage my health insurance records within his or her GMnet account. By agreeing to this, I understand that the undersigned person will be able to consult and modify my personal, contractual and medical data relating to my basic health insurance (LAMal/KVG) and my supplemental insurance (LCA/VVG).

**The represented person confirms that he/she has read the above information. The power of attorney becomes valid as soon as it is signed and shall last as long as the represented person does not revoke it. Persons under 18 years of age are not authorised to grant a valid power of attorney. Any falsification of the power of attorney will be prosecuted.**

Date    /   /

Signature of the insured person  
(or legal representative):

Date    /   /

Signature of the authorised person:

**For identification and authentication purposes, it is mandatory to enclose a copy of the identity document of both the insured person and the authorised person. This power of attorney remains valid in the event of a change of insurer within Groupe Mutuel, unless you revoke the agreement.**

### Companies under Groupe Mutuel Holding SA:

Avenir Assurance Maladie SA / Easy Sana Assurance Maladie SA / Mutuel Assurance Maladie SA / Philos Assurance Maladie SA / SUPRA-1846 SA  
**Administrative details:** Rue des Cèdres 5, CH-1919 Martigny – 0848 803 111 – [groupemutuel.ch](http://groupemutuel.ch)