

Power of attorney

Scope of application: Basic health insurance (LAMal/KVG) Supplemental insurance (LCA/VVG) Accident insurance (LAA/UVC)
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:
Specific access for users of the Customer Area: I authorise the undersigned to manage my health insurance records within his or her Customer Area. By agreeing to this, I accept that the undersigned to manage my health insurance records within his or her Customer Area. By agreeing to this, I accept that the undersigned to manage my health insurance records within his or her Customer Area. By agreeing to this, I accept that the undersigned to manage my health insurance records within his or her Customer Area.
dersigned 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):

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.