



Power of attorney for reinsurer

The benefit entitlement in the case of incapacity for work is reviewed by the reinsurer for Tellico pkFLEX. So that the reinsurer can request the necessary documents directly, please return the signed form to the abovementioned address.

a) Other insurers

In view of the investigation of the claim and the examination of the entitlement to benefits of the insured person, the undersigned hereby expressly authorises the reinsurer to procure the necessary information and in particular to examine the relevant files (e.g. medical reports and reports from other institutions such as career counselling) from all the insurance carriers under public and private law such as health insurance schemes, medical insurance, daily benefits insurance, accident insurance, disability insurance, pension funds, etc.

b) Doctors and other medical services providers

The reinsurer is also authorised by the undersigned to acquire all the information that it deems necessary from doctors and other medical services providers such as hospitals, nursing homes, etc. The doctors and institutions named are therefore unconditionally released from their duty of confidentiality vis à vis the reinsurer.

c) Forwarding of own files

Moreover, the undersigned hereby authorises the reinsurer to forward documents detailing the course of the incapacity for work, in particular medical documents, to the competent IV offices, in order to increase the possibility of reintegration into professional life. However, this action does not replace the need to notify the IV, which the insured person must carry out himself/herself.

Insured person

Mr

Ms

Surname

First name

Insured number

Date of birth

By signing below the signatory hereby grants the abovementioned power of attorney in full from a) to c).

Place, Date

Signature of the insured person or his/her legal representative