

## Authorisation to participate in the Helsana+ bonus programme

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For identification purposes, the underaged person's insurance card **must** be enclosed with the letter (field below).

**Underaged person**  
(Helsana+ participant)

Ms       Mr

Surname, first name

Street, no.

Postcode, town/city

Insurance no.

Date of birth

**Legal representative**

Ms       Mr

Surname, first name

Street, no.

Postcode, town/city

Date of birth

Phone

E-mail

The underaged person is in the staff insurance of Helsana Insurance Ltd insured.

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I hereby authorise the person above to participate in the Helsana+ bonus programme. This authorisation is effective from the date of signing until revoked in writing.

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Place and date

Principal's (legal guardian's) signature

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Please take a photo of the completed and signed form and upload it to the app. Thank you.