

Authorisation to obtain information

A copy of an official identity document belonging to the authorising party **must** be included for identification purposes.

Policyholder
(authorising party)

Ms Mr

Surname, first name

Street, no.

Postcode, town/city

Insurance no.

Date of birth

Authorised person

Ms Mr

Surname, first name

Street, no.

Postcode, town/city

Date of birth

Phone

E-mail

I authorise the person named above
to obtain information from my insurer.
(Check as appropriate.)

Helsana Insurance Company Ltd
 Helsana Supplementary Insurance Ltd
 Progrès Insurance Company Ltd

Restrictions on information provided

Administrative delivery address

I would like **all** correspondence from Helsana regarding premiums,
co-payments, policies, the insurance card, decisions, etc. to be sent to
the person named above.

Yes No

This authorisation is effective from the date of signing until revoked in writing.

I hereby fully release my insurer and all concerned employees from the obligation to maintain professional and statutory confidentiality when providing the services requested by the authorised person.

Place and date

Policyholder's signature (legal guardian)

Place and date

Signature of authorised person

Please complete and sign the form, then return to Client Services together with a copy of the authorising party's official identity document. Your insurance policy contains the Client Services address. Thank you.