The Helsana Group comprises Helsana Insurance Company Ltd, Helsana Supplementary Insurances Ltd, Helsana Accidents Ltd and Progrès Insurance Company Ltd

Helsana

Power of Attorney

For identification purposes, a copy of an official form of identification of the insured person must be enclosed.

Insured person(s)
(donor)

☐ Individual ☐ Family

Surname, first name

Street, no.

Postcode, town

Insurance no.

Date of birth

Tel. no.

E-mail

Authorised attorney

☐ Ms ☐ Mr

Surname, first name

Street, no.

Postcode, town

Date of birth

Tel. no.

E-mail

Where insurance-related matters involving the Helsana Group are concerned, I authorise the above-mentioned person to obtain the following information and conduct the following legal actions:

☐ To obtain information of any kind

☐ To modify personal details
(e.g. name, marital status, address, bank account details)

☐ To make changes to insurance cover
(e.g. annual deductible, inclusion/exclusion of accidents, change of general practitioner/insurance model)

☐ To cancel basic insurance

☐ To cancel supplementary insurance product(s)

Other powers of the donor

Correspondence address

I request that all correspondence associated with the actions taken (premiums, policies, insurance card, etc.) be sent to the above-mentioned person.

☐ Yes ☐ No

This power of attorney is valid from the date on which it is signed until such time as it is revoked in writing.
I hereby unconditionally release the Helsana Group and all responsible employees from their duty of professional confidentiality and statutory duty of confidentiality vis-à-vis the authorised attorney for the purpose of providing the services requested.

Place and date

Signature of the policyholder (parent or legal guardian)

Place and date

Signature of the authorised attorney

Please send the completed and signed form together with a copy of an official form of identification of the donor to Customer Service:
Helsana Insurance Company Ltd, PO Box, 8081 Zurich