

Letter of authorisation

Policyholder:

Surname, first name: _____

Date of birth: _____

Authorisation for mailings and the provision of information:

The undersigned (principal) authorises Sanitas to send the office or person mentioned below the following information:

- ☐ Premium invoices
- ☐ Claims settlements
- ☐ All correspondence regarding mandatory basic insurance and supplementary insurance
- ☐ Information (excluding medical information)
- ☐ Information (including medical information)
- ☐ Outpayments

Authorisation for provision of information only:

The undersigned (principal) authorises Sanitas to provide the office or person mentioned below with information on the following points:

- ☐ Premium invoices
- ☐ Claims settlements
- ☐ All correspondence regarding mandatory basic insurance and supplementary insurance
- ☐ Information (excluding medical information)
- ☐ Information (including medical information)
- ☐ Outpayments

This letter of authorisation applies to all administrative data, health data, benefit enquiries and contract amendments and is effective immediately until further notice.

Details of authorised person:

Surname, first name: _____

Authority: _____

Street: _____

Postcode, town/city: _____

Tel.: _____

Valid from: _____

Place and date: _____

Signature of principal: _____

Please complete this form in full, sign and return it.

sanitas