

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.

The logo for Sanitas, featuring the word "sanitas" in a bold, lowercase, green sans-serif font.