

Power of attorney

Insured person

First name	Name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode / town
<input type="text"/>		<input type="text"/>
Phone numbers		
Private	Mobile	Business
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	Client number	
<input type="text"/>	<input type="text"/>	

Mandated proxy / mandated office

First name	Name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
or		
Office / company		
<input type="text"/>		
Address		Postcode / town
<input type="text"/>		<input type="text"/>
Phone numbers		
Private	Mobile	Business
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	Client number	
<input type="text"/>	<input type="text"/>	

I authorize the aforementioned person / office to obtain **information** of any kind from CSS.

Yes No

I authorize the aforementioned person/office to make **changes** to my contract.

Yes No

I wish all **correspondence** from CSS (premiums, co-payments, policies, insurance card, decisions) to be delivered to the aforementioned person/office.

Yes No

Place	Date	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

The power of attorney remains valid until revocation.

Please return the completed proxy statement to the following address:

CSS, Service Center, P.O. Box 2550, 6002 Lucerne