

# Power of attorney

## Insured person

Client number	First name	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode/town
<input type="text"/>		<input type="text"/>
Date of birth	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Mandated proxy

Mr
  Ms

Client number	First name	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode/town
<input type="text"/>		<input type="text"/>
Date of birth	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

## or mandated office

Office/company	
<input type="text"/>	
Address	Postcode/town
<input type="text"/>	<input type="text"/>
Phone	Email
<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 obtain **information** and 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 (insured person)
<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, Leistungsprüfung, P.O. Box 2550, 6002 Lucerne or via Email at [info@css.ch](mailto:info@css.ch)