

Letter of attorney incl. authorization to participate the health app active365 (Payout of activePoints)

PC, Location N° insured person Date of birth Legal representative Mrs Mr Mr and Mrs Name First name Street, N° PC, Location Date of birth Phone Email I/we hereby authorize the above-named minor to participate the health app active365 App (payment of coactivePoints in accordance with the terms of use) and expressly grant my/our permission to do so. The of authorization is valid from the date of signature until revoked in writing. Signature	Name	First name	Street, N°
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