

## Power of attorney within the scope of the insurance services to be provided by Tellco pk

The incapacity for work benefit check will be performed by Tellco pk's reinsurer, Swiss Mobiliar Life Insurance Company Ltd (hereinafter referred to as «Mobiliar»). Any professional reintegration measures (Case Management) will be provided by our partner SWICA Health Insurance Ltd (hereinafter referred to as «SWICA»). In order for Tellco pk and Mobiliar to be able to directly request the required documents, we kindly ask you to return this signed power of attorney.

### a) Other insurers

With regard to the clarification of the claim and the verification of the insured person's eligibility for benefits, as well as for the purpose of examining any Case Management measures, the undersigned expressly authorises Tellco pk and Mobiliar to obtain from all the insurance providers under public and private law involved in this benefit claim, such as health insurance companies, health insurers, daily sickness benefit insurers, accident insurers, invalidity insurance offices, unemployment insurance companies, life insurance companies, pension funds, the second-pillar central authority and liaison office, etc., and SWICA's Case Management, the necessary information and in particular to inspect the relevant files (e. g. medical reports from other institutions, preliminary invalidity insurance decisions and rulings, accident reports and reports from the occupational counselling service).

### b) Physicians and other medical care providers

The undersigned also authorises Tellco pk and Mobiliar to obtain the information it deems necessary from physicians and other medical service providers as well as hospitals, medical institutions, etc. The physicians and the institutions mentioned are therefore unconditionally released from the duty of confidentiality towards the parties mentioned at the beginning.

### c) Forwarding of own files

Furthermore, the undersigned authorises Tellco pk and Mobiliar to forward documents on the course of the incapacity for work and the provision of Case Management services, in particular medical documents, to the attending physicians involved, other insurance companies involved, SWICA's Care Management and the responsible invalidity insurance office, in order to increase the chance of reintegration into working life. However, this procedure does not replace registration with the invalidity insurer, which must be carried out by the insured person themselves.

### Insured person

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs / Ms
Name	First name
Street	Postcode, Place
Social insurance no.	Date of birth

Incapacitated for work since: dd  mm  yyyy

Incapacitated for work due to: Illness?  Accident?  Both (illness & accident)

By signing below, the undersigned grants the above power of attorney in full (a to c).

Place, date	Signature of the insured person or their legal representative
<input type="text"/>	<input type="text"/>