

Swiss insurance number (OASIN13): 756.\_\_\_\_\_.\_\_\_\_\_

## POWER OF ATTORNEY

The insured person:

Surname and first name: \_\_\_\_\_

Date of birth: \_\_\_\_-\_\_-\_\_\_\_

Address: \_\_\_\_\_

Zip / Postal code: \_\_\_\_\_

Town / City: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail address: \_\_\_\_\_

gives power of attorney to (representative):

Surname and first name: \_\_\_\_\_

Date of birth: \_\_\_\_-\_\_-\_\_\_\_

Address: \_\_\_\_\_

Zip / Postal code: \_\_\_\_\_

Town / City: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail address: \_\_\_\_\_

to represent them, consult the file, receive all correspondence and act on their behalf with the Central Compensation Office and its units in all matters concerning (please cross at least one box)

- ☐ the OASI (account statements, old-age and survivors' benefits in particular and contributions as the case may be)
- ☐ the DI (including **medical data**).

Valid until \_\_\_\_\_ (i.e. end of the procedure, specific date...)

**! Unless otherwise stated, this power of attorney remains valid until revoked!**

Date:

Signature of the insured person:

Signature of the representative:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a copy of the insured person's as well as the representative's identity documents to this power of attorney.