

Authorization

1

Contract number
Last name
First name
Insurance number
Event of

2

Zurich requires information and documents in order to assess its obligation to pay indemnity and provide the insured benefits.

The undersigned person herewith releases

- Physicians and hospitals
- Employers
- Public authorities and regulatory agencies (e.g. social welfare office, social security service and care service)
- Obligatory Swiss old age and survivors' insurance (AHV) and disability insurance (IV)
- Pension funds
- Life insurance
- Obligatory or private accident insurance
- Unemployment funds
- Other involved personal insurers (e.g. insurance for daily sickness benefits)

and their employees from their duty of confidentiality and authorizes them to give Zurich information, access to his/her files and copies of documentation. Zurich pledges to handle all information and documents received in accordance with the Data Protection Act.

In addition, the undersigned person herewith authorizes Zurich to transfer information and/or documents to

- the disability insurance
- the pension fund
- the obligatory or private accident insurance
- other liable persons or their liability insurers (to establish recourse)

Place, date	Signature of the insured person
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