



# Declaration of power of attorney

SWICA Healthcare Organisation includes SWICA Healthcare Insurance Ltd, SWICA Insurances Ltd and SWICA Health Ltd.

**A copy of an official identity document for the principal must be enclosed for identification purposes. Please complete the form in full using block capitals.**

## Information about the insured person (principal)

Ms      Mr

Surname

First name

SWICA insurance no.

Date of birth (day/month/year)

Street/no.

Postcode/town

Email

## Person being authorised

Ms      Mr

Surname

First name

Date of birth (day/month/year)

Street/no.

Postcode/town

Phone (daytime)

Email

Relationship to the insured person

Spouse/registered partner

Cohabiting partner

Legal representative/parent

Child

Advisor

Other

## Declaration of power of attorney

I hereby grant the above-mentioned person the power of attorney to represent me in all the **following** insurance matters in dealings with the SWICA Healthcare Organisation, effective immediately. To this end, I hereby release the SWICA Healthcare Organisation and its employees from their professional and statutory duties of confidentiality in respect of the authorised person. I acknowledge that all acts which the authorised person undertakes on the basis of this power of attorney are legally binding upon me.

Please mark as applicable:

Obtaining all information and documents verbally and in writing

Carrying out administrative tasks such as terminations and notifications of changes  
(e.g. name, address, email, contract amendments, payment account)

I also agree that all correspondence shall be sent solely to the authorised person as follows:

By post                      To their mySWICA account

## Further restrictions specified by the principal

The power of attorney shall enter into force on the date of signature and shall remain valid until revoked in writing. It shall not cease to be valid in the event of termination of the insurance relationship, death, disappearance, loss of legal capacity or bankruptcy of the principal. Amendments to this power of attorney shall not take effect until they have been confirmed in writing and signed by the principal.

\_\_\_\_\_

Place/date

\_\_\_\_\_

Signature of the policyholder (parent/guardian)

Please complete and sign the form and send it, together with a copy of your official identity document, to **SWICA Customer Services**. You will find the address on your insurance policy.