Profond

Profond Vorsorgeeinrichtung
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8005 Zürich
T 058 589 89 81

Profond Institution de prévoyance
Avenue de la Rasude 5
1006 Lausanne
T 058 589 89 83

Authorisation for disclosure of information

To be completed by the insured person

Insured person

Name _____ First name _____

Date of birth _____ Mobile phone no. _____

SC no. _____

Declaration of the insured person on release from the duty of confidentiality, etc.
I authorise Profond to process all personal data that Profond needs in order to check its obligation to pay a benefit and any claim to recourse against third parties. I consent to Profond obtaining from doctors, therapists and hospitals, from accident, liability, health, daily sickness allowance and life insurers, from the Federal Disability Insurance, the military insurance provider or other insurers, from public authorities or from employers such information and documents as are necessary for the assessment of my state of health on which my incapacity to work is based and for the processing of any claims for recourse. This information also includes, in particular, data about my health. I release the aforementioned persons and institutions from their professional secrecy and/or confidentiality obligations and authorise them to provide Profond with information in connection with the illness/accident on which my incapacity to work is based and to make documentation available.

In addition, I authorise Profond to forward personal data and documents to other insurers and public authorities if the forwarding of the information is necessary for coordination with benefits from other insurers or for assessing or enforcing a recourse claim against a third party.

I agree to the processing of my personal data by Profond Care in order to examine possible measures to prevent the occurrence of any disability. The specialists from Profond Care are available to me to answer any questions about my health, occupation or insurance by phone. External case managers can assist in finding solutions to medical treatment options, re-entry to the workforce and benefit coordination. I acknowledge that there is no legal entitlement to the implementation of external case management. I hereby authorise Profond Care to involve external case managers and to provide you with the personal data necessary for the examination of whether case management should be carried out.

This power of attorney may be revoked at any time by notifying Profond in writing.

_____ _____

Place, date Signature of the insured person

The undersigned person hereby confirms the correctness of the details provided.

Confirmation Profond
Profond confirms that the information will only be used in connection with the health condition underlying the incapacity to work, will be obtained appropriately and only to the extent necessary, and will only be used to:
- check or approve possible measures to prevent the occurrence of any disability, or if necessary
- check any duty to provide benefits on the part of Profond, or
- to enforce any claim for recourse.