

# Power of attorney and consent to the forwarding of care management data



## Company:

Contract number:	_____	
Employer:	_____	
Address:	_____	
Human Resources:	Line manager:	_____
Telephone number:	Telephone number:	_____
Mobile phone:	Mobile phone:	_____
E-mail:	E-mail:	_____

## Employee

Last name, first name:	_____
Date of birth:	_____
Social security number:	<b>756.</b>
Address:	_____
Tel. no./mobile phone:	_____
E-mail:	_____
Gender:	_____
Mother tongue/other languages:	_____

## Mandate formulation / wishes / case-specific issues

\_\_\_\_\_

## Goals

\_\_\_\_\_

## Comments

\_\_\_\_\_

## Power of attorney

In the context of occupational health management (care management), the undersigned grants his/her employer power of attorney to contact Swiss Life Ltd ("Swiss Life") as the manager of its employee benefits foundations or as an insurance company for employee benefits and its partner company Aviga AG in Zurich ("Aviga"), which specialises in care management.

## Employee's declaration of consent

The undersigned hereby agrees that the employer may, to the extent required, forward his/her data to Swiss Life, its employee benefits foundations and its cooperation partner Aviga for clarification and, if necessary, subsequent initiation of a care management service or support and that Swiss Life and Aviga may process this data. The data will be treated with the utmost confidentiality and will only be used for the processing of personal care management.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Signature of employee