

# Power of authorisation 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:	756.		
Address:			
Tel. / Mobile:			
E-mail:			
Gender:			
Mother tongue/ other languages:			

## Mandate formulation / wishes / case-specific issues

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## Goals

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## Comments

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## Authorisation

Within the context of occupational health management, the undersigned hereby authorises his/her employer to contact Swiss Life Ltd (as manager of the "Swiss Life" employee benefits foundations and/or as a group life insurer for employee benefits foundations) for the purpose of providing care management services concerning the undersigned. He/she also authorises Swiss Life Ltd to inquire with third parties that provide care management services.

## Employee declaration of consent

The undersigned employee hereby agrees that his/her data may, to the extent required, be passed on and processed by Swiss Life Ltd (as manager of the "Swiss Life" employee benefits foundations and/or as a group life insurer for employee benefits foundations) and/or Swiss Life Ltd to third parties offering care management services for the purposes of clarification, evaluation and any subsequent initiation and implementation of care management assistance or support. The data are treated confidentially and are only used/processed in the context of the above-mentioned purpose.

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Place and date

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Place and date

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Employer signature

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Employee signature