



In the context of work incapacity between		
Dossier no		hereafter the insured person,
and		
PKRück		hereafter the reinsurer.
undersigned expressly authori insurance bodies under public funds, health insurers, insurers	ises the reinsurer to obtain the and private law involved in this is of daily allowances in event consult the relevant file	to benefits of the insured person, the e necessary documents from all the benefit case, such as health insurance of illness, accident insurers, Al offices, as (e.g. medical evaluations and reports
b) Doctors and other providers	of medical services	
necessary from doctors and o	other providers of medical servi y, the aforementioned doctors an	obtain the information that it considers ces, as well as from hospitals, health and institutions are unreservedly released
c) Transmission of one's own d	ossier	
documents relating to the evol increase his/her chances of reir	ution of the work incapacity, in	transmit to the competent AI office particular medical documents, so as to evertheless, the present procedure does sonally by the insured person.
Full name of the insured person	AVS no	Date of birth
By his/her signature appearing bel entirety (points a to c).	low, the undersigned grants the a	aforementioned power of attorney in its
Place and date	_	ure of the insured person



This form can be returned to us via your Espace personnel (Online personal area). If the legalisation of signatures is necessary, this must be done before sending the form.

