pkrück

AUTHORISATION AND CONSENT

Your pension institution has re-insured the risks of invalidity and death with us, PKRück AG (www.pkrueck.com), as well as commissioned us with clarifying and overseeing benefit claims where necessary. According to information from your employer, you are (partially) incapacitated for work. In order to clarify and calculate any claims you or your pension institution may have to benefits, we require the following authorisation and consent from you.

INSURED PERSON

Pension institution _____

Company name _____ Place _____

Surname, first name _____ OASI No. _____

E-Mail _____ Street, No. _____

Tel.-No. _____ Postcode, Place _____

Date of birth _____ (dd/mm/yyyy) Gender ☐ female ☐ male

Short description of your work duties prior to incapacity for work _____

Name of attending physician _____ Adress _____

_____

Part-time employees: Are you a part-time employee due to health issues? ☐ Yes ☐ No

INFORMATION

Data provision to PKRück and any other re-insurers and authorisation to retrieve health data for the purpose of risk assessment, insurance processing and any checks regarding the reported cases of incapacity for work and benefit claims, and for claims processing where agreed. The pension institution has re-insured the risks of invalidity and death with PKRück AG. For the purpose of risk assessment, insurance processing and any checks regarding the cases of incapacity for work and benefit claims reported by the pension institution to PKRück, PKRück requires all rights to examine your health data and to retrieve further health-related information from third parties. In some cases, PKRück may avail itself of further re-insurers. In order that these re-insurers may also process and, if necessary, check the benefit claim, PKRück shall provide your health data to these parties. Your personal data shall only be used by the re-insurers for the aforementioned purposes. The pension institution may have also assigned the benefit claims to PKRück for processing. The pension institution or PKRück respectively shall process your health-related information to determine whether, from which date and to what extent you may be entitled to a benefit from the occupational pension. To this end, the pension institution or PKRück respectively require all rights to examine your health data and retrieve further health-related information from third parties.

AUTHORISATION AND CONSENT

By signing this document, I hereby expressly consent to the pension institution transmitting my health data for the purpose of risk assessment, insurance processing and occasional checks of the benefit claims reported to PKRück and any further re-insurers, which may be used there for the above-mentioned purposes; I expressly acknowledge and agree that my data, including health data, may in turn be transmitted by these re-insurers on their part to further re-insurers for the same purposes. Moreover, I authorise the pension institution or PKRück respectively to retrieve verbal and written information as well as request documents for inspection from the responsible insurers (all social insurance providers and private insurance providers), authorities (in particular, social services, regional employment centres and compensation funds) and the employer, etc., for the purpose of claims processing. I authorise the physicians, psychologists, physiotherapists, psychotherapists and further medically trained personnel to provide the pension institution or PKRück respectively all information and documents about my health status and any treatments for the purpose of claims processing. I release the aforementioned persons and employees of the above-mentioned institutions from their duty to secrecy towards the pension institution or PKRück respectively. Furthermore, I agree that the pension institution or PKRück respectively may pass on my health data to these parties for the aforementioned purposes and expressly release the employees of these institutions from their duty to secrecy.

The authorisation and consent provided may be revoked at any time by way of written declaration to the pension institution and PKRück. The undersigned is aware that a refusal to provide the necessary authorisation and consent or a revocation of authorisation and consent provided may render impossible clarification, insurance processing and hence the granting of benefits of occupational pension. Should you have any questions, please contact us on the telephone number 044 360 50 70.

Place, Date: _____ Signature: _____

Please send the completed form to: PKRück AG, Leistungen, Zollikerstrasse 4, Postfach, 8032 Zürich