In the context of work incapacity

between

Dossier no .... hereafter the insured person,

and

Elips Life SA

hereafter the reinsurer.

a) Other insurers

In order to determine the rights and to examine the claims to benefits of the insured person, the undersigned expressly authorises the reinsurer to obtain the necessary documents from all the insurance bodies under public and private law involved in this benefit case, such as health insurance funds, health insurers, insurers of daily allowances in event of illness, accident insurers, AI offices, pension funds, etc., and in particular to consult the relevant files (e.g. medical evaluations and reports from other institutions such as professional orientation).

b) Doctors and other providers of medical services

With the signature below, the reinsurer is also authorised to obtain the information that it considers necessary from doctors and other providers of medical services, as well as from hospitals, health establishments, etc. Accordingly, the aforementioned doctors and institutions are unreservedly released from observing professional secrecy towards the reinsurer.

c) Transmission of one's own dossier

Furthermore, the insured person authorises the reinsurer to transmit to the competent AI office documents relating to the evolution of the work incapacity, in particular medical documents, so as to increase his/her chances of reintegration in professional life. Nevertheless, the present procedure does not replace the filing of the AI request, which must be made personally by the insured person.

Full name of the
insured person

AVS no

Date of birth

By his/her signature appearing below, the undersigned grants the aforementioned power of attorney in its entirety (points a to c).

....

Place and date

....

Signature of the insured person
or its legal representative

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.

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