

This power of attorney is in force indefinitely until the insurance company is notified of the termination thereof.

Principal(s) granting this power of attorney	Name	Personal identity code / business ID
	Email address	Telephone
Agent to whom power of attorney is granted	Name	Personal identity code / business ID
	Address	
	Postcode and city	
	Email address	Telephone
Scope of authorisation	<p>The agent</p> <p>Is authorised to pursue the claim specified below. The agent has the right to access the claim and insurance data necessary to pursue the claim.</p> <p>Insurance number _____</p> <p>Claim number, if known _____</p> <p>Other specification _____</p> <p>_____</p> <p><input type="checkbox"/> Is not <input type="checkbox"/> Is authorised to receive any insurance compensation</p> <p><input type="checkbox"/> Is not <input type="checkbox"/> Is authorised to agree on the amount of compensation</p> <p>The agent</p> <p><input type="checkbox"/> Is not <input type="checkbox"/> Is authorised to access the principal's health information used by LocalTapiola and necessary to pursue the claim.</p> <p><input type="checkbox"/> Is not <input type="checkbox"/> Is authorised to access the information on the principal's financial position necessary to pursue the claim (incl. income data or information on any unsettled insurance premiums)</p>	
Signature	Location and date	Principal's (on behalf of an underage principal, a guardian's) signature and name in block letters
	For corporate customers, the principal's position at the company	