GEMINI

AUTHORIZATION FORM
(TO BE COMPLETED BY THE INSURED PERSON)

PENSION FUND _____

INSURED PERSON

EMPLOYER _____ LOCATION _____

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ (DD/MM/YYYY) SWISS SOC. INS. NO. _____

INFORMATION AND ACCESS TO FILES: AUTHORIZATION TO OBTAIN HEALTH DATA AND CONSENT TO THE DISCLOSURE OF DATA

☒ I hereby authorize the pension fund respectively the Beratungsgesellschaft für die zweite Säule (RV-Pool), to obtain information from the responsible insurance companies (all social insurance companies and private insurance companies) and authorities (in particular social services, RAV, compensation funds) and from the employer, etc., both verbally and in writing, and also to request files for inspection for the purpose of processing benefits.
I authorize the doctors, psychologists, physiotherapists and psychotherapists and other medically trained personnel to provide the pension fund respectively the Beratungsgesellschaft für die zweite Säule (RV-Pool) with all information and documents about my state of health and any treatments for the purpose of processing the benefit case.
I release the named persons and employees of the above-mentioned institutions from their duty of confidentiality towards the pension fund respectively the Beratungsgesellschaft für die zweite Säule (RV-Pool). I also agree that the pension fund respectively the Beratungsgesellschaft für die zweite Säule (RV-Pool) may pass on my health data to these bodies for the above-mentioned purposes and expressly release the employees of these institutions from their duty of confidentiality.

☒ I consent to my health data being transmitted to reinsurers for the purpose of processing the insurance and checking the reported claims, and to it being used for the purposes stated in this document. This consent also expressly includes the right of the Beratungsgesellschaft für die zweite Säule (RV-Pool) to forward my health data to other reinsurers for the same purposes. I expressly acknowledge and agree that my data, including health data, may be transmitted by the Beratungsgesellschaft für die zweite Säule (RV-Pool) respectively by these reinsurers to other reinsurers for the same purposes.

The consents granted can be revoked at any time by written notification to the pension fund respectively the Beratungsgesellschaft für die zweite Säule (RV-Pool). The undersigned person is aware that a refusal to give the required consent or a revocation of the consent given may make it impossible to clarify and process the insurance and thus to grant occupational pension benefits.

LOCATION, DATE: _____ SIGNATURE: _____

SEND FORM TO: **Beratungsgesellschaft für die zweite Säule AG, RV Pool, Dornacherstrasse 230, Postfach, 4002 Basel**

Notification of incapacity for work (to be completed by the insured person)
Insured Person: Last Name: _____ First name: _____ Swiss Social insurance Number.: _____