

Power of Attorney «underage student»

Name....., first name..., date of birth of the child..... («the represented person»), represented by his/her legal representative(s), name....., first name....., date of birth....., hereby authorises:

School....., Address..... («the representative»), represented by name....., first name..... of the person(s) who has(have) the authority to sign

(see <http://zefix.admin.ch/>) for

to represent him/her before Groupe Mutuel, Rue des Cèdres 5, 1920 Martigny, and before its member insurance companies or the companies managed by the latter, in particular Groupe Mutuel Assurances GMA SA and Mutuel Assurances SA, on matters regarding insurance solutions offered by Groupe Mutuel member companies, and in particular to take the following steps:

- Take out in his/her name and on his/her behalf with Groupe Mutuel Assurances GMA SA the health insurance contract «Academic Care», pursuant to the Swiss Federal Law on Insurance Contracts (LCA/VVG), and the existing General and Special Terms and Conditions.
- Take out in his/her name and on his/her behalf with Groupe Mutuel Assurances GMA SA any other health insurance contract pursuant to the Swiss Federal Law on Insurance Contracts (LCA/VVG), and the existing General and Special Terms and Conditions.
- Disclose to Groupe Mutuel and its member companies or the companies managed by the latter, its insurance intermediaries or other agents or partners, any personal or administrative information regarding the represented person and authorise Groupe Mutuel and its member companies or the companies managed by the latter, its insurance intermediaries or its other agents or partners to process this data. Data processing complies with the document «Practical and legal information pursuant to the Federal Law on Insurance Contracts (LCA/VVG)» which forms an integral part of this power of attorney.
- Disclose to Groupe Mutuel and its member companies or the companies managed by the latter, its insurance intermediaries or other agents or partners, any medical information regarding the represented person, which is necessary for the conclusion of the above insurance contracts or for their proper execution (such as claim processing, etc.).
- Collect in his/her name and on his/her behalf any amount paid to the represented person for the reimbursement of benefits arising from the insurance contracts specified above by Groupe Mutuel and its member companies or the companies managed by the latter, in particular Groupe Mutuel Assurances GMA SA or Mutuel Assurances SA.

It is the represented person's responsibility to provide the representative with all necessary information. He or her remains responsible with regard to Groupe Mutuel and its member companies or the companies managed by the latter for the accuracy and comprehensiveness of the information disclosed

to the latter, including the accuracy and comprehensiveness of the information provided in medical questionnaires.

The represented person hereby also authorises the representative to take the following steps with the relevant bank or post office:

(address of the relevant institution)

- Withdraw from the bank account or post office account, held by the representative with the above bank or post office, the amount paid onto this account for the represented person for the reimbursement of benefits arising from the above insurance contracts by Groupe Mutuel and its member companies or the companies managed by the latter, in particular Groupe Mutuel Assurances GMA SA or Mutuel Assurances SA.
- Collect on the same bank account or post office account any cheque issued in favour of the represented person for the reimbursement of benefits arising from the above insurance contracts by Groupe Mutuel and its member companies or the companies managed by the latter, in particular Groupe Mutuel Assurances GMA SA or Mutuel Assurances SA.

In addition, the represented person shall release the representative, Groupe Mutuel and its member companies or the companies managed by the latter, its insurance intermediaries or its other agents or partners, as well as the above bank or post office, from professional secrecy with regard to one another. The represented person shall also release Swiss and foreign doctors and other healthcare providers from medical secrecy towards the representative, Groupe Mutuel and its member companies or the companies managed by the latter, its insurance intermediaries or its other agents or partners.

This power of attorney is governed entirely by Swiss law. Any dispute, controversy or claim arising out of or in relation to this contract, including the validity, invalidity, breach or termination thereof, shall be resolved in accordance with Swiss law. The exclusive place of jurisdiction is

(Swiss headquarters of the relevant school..... – in this case.....).

For name..., first name..... of the child
(Signature(s) of the legal representative(s))

For School.....
(Signature(s) of the authorised signatory(ies))

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Place and date

Place and date

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Enclosures: Practical and legal information pursuant to the Federal Law on Insurance Contracts (LCA/VVG)

Academic Care insurance proposal pursuant to LCA/VVG for students from abroad