Power of attorney



In the context of work incapacity		
between		
Dossier noand		hereafter the insured person,
Retraites Populaires and its reinsurer		hereafter the reinsurer.
a) Other insurers		
undersigned expressly authorises insurance bodies under public and plunds, health insurers, insurers of controls.	the reinsurer to obtain to private law involved in this daily allowances in event r to consult the relevant file	s to benefits of the insured person, the the necessary documents from all the s benefit case, such as health insurance of illness, accident insurers, Al offices, les (e.g. medical evaluations and reports
b) Doctors and other providers of me	edical services	
necessary from doctors and other	providers of medical server aforementioned doctors a	obtain the information that it considers vices, as well as from hospitals, health and institutions are unreservedly released
c) Transmission of one's own dossie	ər	
documents relating to the evolution	of the work incapacity, ir ation in professional life. N	to transmit to the competent AI office in particular medical documents, so as to levertheless, the present procedure does irsonally by the insured person.
Full name of the insured person	AVS no	Date of birth
By his/her signature appearing below, t entirety (points a to c).	the undersigned grants the	e aforementioned power of attorney in its
Date of incident	-	
Place and date	 Signa	ture of the insured person



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.

or its legal representative