Zdravotná poisťovňa

Union zdravotná poisťovňa, a. s.
Karadžičova 10
814 53 Bratislava
IČO: 36284831
DIČ: 2022152517

Spoločnosť zapísaná v obchodnom registri
Mestského súdu Bratislava III, odd. Sa, vl. č. 3832/B

POWER OF ATTORNEY

Donor of power (insured person)

Name, Surname and title	
Slovak personal number	ID number
Permanent address	ZIP code

Proxy

Name, Surname and title	
Slovak personal number	ID number
Permanent address	ZIP code

The donor of power hereby grants full power of attorney to the proxy for all actions related to:

☐ **by submitting an application for the issuance of a national health insurance card/EHIC**

☐ **by picking up over the national health insurance card/EHIC**

The power of attorney is granted for a certain period of time, until the purpose for which it was granted is fulfilled.

In ..... **date** ....

officially verified signature of the donor of power

With his signature, the proxy confirms that he accepts the power of attorney.

In ..... **date** ....

signature of the proxy