



Zdravotná poisťovňa

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

Spoločnosť zapísaná v obchodnom registri  
Okresného súdu Bratislava I, 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