

Authorization to participate in the active365 bonus programme of CSS Insurance AG

1 Minor person (Participant active365)

Mrs Mr

Name First name Street, N°

PC, Location N° insured person Date of birth

2 Legal representative

Mrs Mr

Name First name Street, N°

PC, Location Date of birth Phone

Email

I hereby authorize the above-mentioned person to participate in the active365 bonus programme of CSS Insurance AG. The declaration of authorization is valid from the date of signature until its written revocation.

Signature

Place Date Signature legal representative