

Letter of Authority for Access to Information

The policyholder (the “Policyholder”) confirms that he has read and understood the following declarations and that he approves them:

1. The Policyholder is aware that Foyer Global Health S.A. is subject to an obligation to professional secrecy in the conditions set out in the Luxembourg law of 7th December 2015 on the insurance sector, and amended.
2. The Policyholder expressly wishes to consult with his intermediary (the “Intermediary”) and be advised by the latter on matters relating to his insurance policy with Foyer Global Health S.A..
3. Accordingly, under the terms of this Letter of Authority, the Policyholder hereby expressly and specifically grants the Intermediary (and each of his authorised representatives and employees) the right to obtain, on his behalf and for his account, any information, documentation and/or data issued by Foyer Global Health S.A. whether such information, documentation and/or data are considered confidential or not, including health data and whether they relate directly or indirectly to any aspect of his insurance policy with Foyer Global Health S.A..
4. The Policyholder expressly and specifically recognises that the Intermediary is entitled to represent him before Foyer Global Health S.A. with regard to requesting and obtaining from the latter all information, documentation and/or data specified in paragraph 3 above, as well as storing such information, documentation and/or data at the Intermediary’s premises or any other place used at his discretion, whether in Luxembourg or abroad. Such information, documentation and/or data may continue to be stored at the Intermediary’s premises following the termination of the present specific letter of Authority and may not benefit from a protection equivalent to the Luxembourg professional secrecy.
5. Under the terms of this Letter of Authority, the Policyholder hereby releases Foyer Global Health S.A. from any responsibility (for any reason whatsoever) with respect to any acts on the part of the Intermediary which may exceed instructions, and he hereby acknowledges that Foyer Global Health S.A. shall not in any way be responsible for the transfer of information, documentation and/or data to the Intermediary, even in the case of confidential information, documentation and/or data including health data relating to his insurance policy which he has concluded with Foyer Global Health S.A..
6. This Letter of Authority is governed by Luxembourg law and shall be interpreted according to the laws of the Grand-Duchy of Luxembourg. The Policyholder hereby agrees to submit himself irrevocably and unconditionally to the Luxembourg jurisdiction exclusively with regard to any dispute relating to the existence, interpretation, validity and execution of the present letter of Authority.
7. The Policyholder may terminate this Letter of Authority at any time by means of a written letter sent to the Intermediary. In addition, the termination of the Letter of Authority shall also be notified by means of a registered letter sent to the registered office of Foyer Global Health S.A. in order for this termination to be enforceable.
8. The Policyholder hereby commits to ratify any act or document drafted and/or published on his behalf in accordance with the present Letter of Authority and to take any and all measures and sign any and all documents deemed useful or necessary for this Letter of Authority to become effective.

If you already have it, please insert your Policy No.

Please print your name

Date and Place

Signature of the Policyholder
Preceded by “letter of Authority given by”

Broker No.

Intermediary – Broker Name