

## Power of attorney in the case of death

### I hereby authorize

#### Representative's information

Representative's name

Postal address

Postal code

City, land if other than Finland

Phone number (including area code)

E-mail

### to manage the patient injury case of the estate of

Name of the deceased

**and apply for and receive compensation paid for the patient injury.**

**Patient Insurance Centre's claim reference number (if known)**

**The compensation payable under patient insurance should be paid to the following account**

Bank account number (in IBAN-form, 18 characters)

Account holder's name

Date

Signature of the person granting the authorization

Name in print

Patient Insurance Centre

P.O. Box 1, FI- 00084 INSURANCE CENTRE

Tel. +358 40 450 4590, Fax +358 40 450 4694

[www.pvk.fi/en](http://www.pvk.fi/en)