

Zentralsekretariat SEV  
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## Application for Legal Protection at Work

All questions must be answered in accordance with the facts. All important documents must be attached to this application.

### Particulars

Name, First name	.....		
Address	.....		
Postal Code / residence	.....		
Phone No. Home	.....	Date of birth	.....
Phone No. Bus.	.....	Employer	.....
Natel No.	.....	Division	.....
e-mail address	.....	Place of work	.....
PC account	.....	Occupation	.....
Bank account	.....	<b>Should your section be informed of this application?</b>	
		<b>Please tick off</b>	<b>Yes      No</b>

### Event of Legal Cost Insurance

Nature of incident	.....
Date of incident	.....
In which canton did your incident occur?	.....
Date of application	.....

This is to certify that I have taken note of the regulations of SEV-Legal Protection at Work. With my signature I confirm that I acknowledge the conditions according to the regulations of SEV-Legal Protection at Work.

Signature of the applicant

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This power of attorney must be signed and attached to the application for legal protection.

## Power of Attorney

The undersigned herewith authorizes Swiss Transport Staff Union SEV to represent his/her interests in following case

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He/she authorizes SEV to look at all files and liberates the relevant authorities from the official respectively professional duty of confidentiality acc. articles 320 and 321 of Swiss Penal Code. The principal expressly liberates from their duty of confidentiality the patient's doctors, the medical service of SBB or the independent medical examiner of the enterprise.

Place and date

Signature Principal

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## Procuration

Le/La soussigné/e autorise le syndicat du personnel des transports SEV, à représenter et défendre ses intérêts dans l'affaire

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Il/Elle autorise le syndicat SEV, à prendre connaissance des actes y relatifs et libère du secret professionnel les personnes et les autorités qui y sont tenues en vertu des articles 320 et 321 du Code pénal suisse. Le/La soussigné/e libère expressément du secret médical le(s) médecin(s) traitant(s), le service médical CFF ou le(s) médecin(s)-conseil de l'entreprise.

Lieu et date:

Le/La commettant/e:

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Questa procura **sottoscritta** dev'essere aggiunta alla domanda di assistenza giuridica.

## Procura

Il/La sottoscritto/a autorizza con la presente il sindacato del personale dei trasporti SEV a patrocinarlo nei suoi interessi nella causa

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Autorizza il sindacato SEV, a prendere conoscenza di tutti gli atti e libera dall'obbligo di mantenere il segreto d'ufficio e professionale le rispettive autorità secondo gli art. 320 e 321 seguenti del Codice penale svizzero. Il/La mandante svincolano espressamente dal segreto professionale i medici curanti, il Servizio medico delle FFS o il rispettivo medico fiduciario dell'impresa.

Luogo e data:

Il/La mandante: