SENDER

First name, surname

Street, no.

Postcode, town

Registered post

Health insurer

Street / PO box

Postcode, town

Cancellation of health insurance

Dear Sir or Madam,

I/We hereby cancel the following insurance policies with your company:

Policy no.	Surname, first name	Insurance to cancel	As of (date)
		☐ Basic insurance (KVG) ☐ Supplementary insurance (VVG)	
		☐ Basic insurance (KVG) ☐ Supplementary insurance (VVG)	
		☐ Basic insurance (KVG) ☐ Supplementary insurance (VVG)	
		☐ Basic insurance (KVG) ☐ Supplementary insurance (VVG)	
		☐ Basic insurance (KVG) ☐ Supplementary insurance (VVG)	

Please take note of this and send me/us written confirmation of the cancellation. Thank you.

Yours faithfully

Place and date

Signature of all adult persons listed

Signature of all adult persons listed

Signature of all adult persons listed

Signature of all adult persons listed

Signature of all adult persons listed

Thank you for confirming receipt of this cancellation in writing.