


Sender


Registered mail

Current insurer

Cancellation of health insurance

Dear Sir/Madam

 I/we hereby cancel the following insurance policies with your company as of: _____

Insurance no.	Last name, first name	Date of birth	<input checked="" type="checkbox"/> Insurance to be cancelled
			<input type="checkbox"/> Basic health insurance (KVG) <input type="checkbox"/> Supplementary insurance (VVG)
			<input type="checkbox"/> Basic health insurance (KVG) <input type="checkbox"/> Supplementary insurance (VVG)
			<input type="checkbox"/> Basic health insurance (KVG) <input type="checkbox"/> Supplementary insurance (VVG)
			<input type="checkbox"/> Basic health insurance (KVG) <input type="checkbox"/> Supplementary insurance (VVG)

Please send an acknowledgement and confirmation of the cancellation. Thank you.

Yours faithfully

Place and date

Policyholder's signature

Signature of all listed adults

Signature of all listed adults

