


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)

I am changing my insurance within the Helsana Group.

(The Helsana Group comprises Helsana Insurance Company Ltd, Helsana Supplementary Insurance Ltd, Helsana Accidents Ltd and Progrès Insurance Company Ltd.)

Please send an acknowledgement and confirmation of the cancellation. If the cancellation cannot be accepted on the above-mentioned date, the next possible cancellation date will automatically apply. Thank you.

Yours faithfully

Place and date

Policyholder's signature

X

Signature of all listed adults

X

Confirmation of insurance for the previous health insurance

In accordance with Art. 7, para. 5, of the Health Insurance Act (KVG), we hereby confirm acceptance of the above-mentioned person(s) for compulsory healthcare insurance (OKP)

as of: _____

Date/stamp

Job title and signature 1

Job title and signature 2

