Sender

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Registered mail

Current insurer

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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	☒ Insurance to be cancelled
			☐ Basic health insurance (KVG) ☐ Supplementary insurance (VVG)
			☐ Basic health insurance (KVG) ☐ Supplementary insurance (VVG)
			☐ Basic health insurance (KVG) ☐ Supplementary insurance (VVG)
			☐ Basic health insurance (KVG) ☐ Supplementary insurance (VVG)

Comments:

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

Yours faithfully

Place and date

Policyholder's signature

Signature of all listed adults

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