

.....
.....
.....
.....

Registered (R) Return as unregistered

.....
.....
.....
.....

.....
Place, date

Notice to cancel policy no. _____

Ladies and gentlemen,

I hereby serve notice to cancel the obligatory healthcare insurance offered in accordance with the KVG for the following person(s) as of _____ and the supplementary insurance offered in accordance with the VVG as of _____. Please send me/us confirmation that the insurance has been canceled:

Ins. no.	Surname	Forename	Date of birth:	Signature	KVG/VVG
.....	KVG
.....	VVG
.....	KVG
.....	VVG
.....	KVG
.....	VVG
.....	KVG
.....	VVG
.....	KVG
.....	VVG

I/we await confirmation that the insurance has been canceled.

Yours sincerely,

Confirmation of insurance *(will be completed by Visana)*

In accordance with Art. 7 para. 5 of the Federal Law on Health Insurance (KVG) we confirm that the person(s) named above have been admitted to the obligatory healthcare insurance offered in accordance with the KVG as of _____ .

.....
Place/date

.....
Stamp and signature