

Registered letter (R) Return as unregistered

Place, date

# Cancellation

Dear Sir or Madam,

For the following person(s), I/we hereby cancel the compulsory health insurance in accordance with HIA/KVG as

of \_\_\_\_\_ and the top-up insurance in accordance with IPA/VVG as of \_\_\_\_\_ or as of the next possible date.

Ins. no.	Surname	First name	Birth date	Signature	HIA/ IPA
					<input type="radio"/> HIA <input type="radio"/> IPA
					<input type="radio"/> HIA <input type="radio"/> IPA
					<input type="radio"/> HIA <input type="radio"/> IPA
					<input type="radio"/> HIA <input type="radio"/> IPA
					<input type="radio"/> HIA <input type="radio"/> IPA

I/we look forward to receiving your confirmation of cancellation and ask you to refrain from any attempts at customer recovery.

Yours sincerely,

## Confirmation of insurance Visana Ltd, sana24 Ltd, vivacare Ltd, Galenos Ltd

In accordance with art. 7 para. 5 of the Health Insurance Act (HIA/KVG), we hereby confirm that the person(s) named above has/have been admitted to compulsory health insurance in accordance with HIA/KVG as

of \_\_\_\_\_. This confirmation is only valid in the event that the insured person(s) has/have paid the premiums, co-payments, default interest and debt enforcement costs in full. We kindly ask you to bring about the departure from your health insurance accordingly.

Town/city/Date

Stamp/signature 1

Signature 2