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
					◯ HIA ◯ IPA
					◯ HIA ◯ IPA
					◯ HIA ◯ IPA
					◯ HIA ◯ IPA
					◯ HIA ◯ IPA

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

Yours sincerely,

V-786-02.2026