Your Name and surname

Adress

ZIP Location

**[your personal insurance number]**

**Registered mail**

Your insurance

Adress

ZIP Location

Your location, 16/10/2017

###### Cancellation of health insurance

Dear Sir or Madam,

I hereby wish to cancel my insurance cover (Policy number) with effect from the 31/12/2017

I will be insured by another health insurance company with effect from the date mentioned above. Please send me a confirmation of the cancellation.

Many thanks and kind regards,

Your Name