***Important note:***

*Please note that this letter should be personalised depending on your situation, namely the fields highlighted in yellow.
Don’t forget to delete our comments in* ***grey*** *and this note.*

Mr/Ms

Your name

Your address

**Registered letter**

Insurance Company

Address of the Insurance Company

Place, date

**Cancellation of supplementary health insurance no. XXX**

Dear Sir or Madam

I hereby wish to cancel the following supplementary insurance policies with effect from 31.12.XXX.

*(Important: Indicate here all the supplementary insurance policies you intend to cancel)*

* [Name and policy no. of the supplementary insurance]
* [Name and policy no. of the supplementary insurance]
* [Name and policy no. of the supplementary insurance]
* [Name and policy no. of the supplementary insurance]

Thank you in advance for your attention and confirmation.

Yours sincerely

Name and signature