Insert your current health insurer name

 Insert your current health insurer's address line 1

 Insert your current health insurer's address line 2

 Insert your current health insurer's address line 3

Thursday, 07 September 2017

**Cancellation Letter**

Dear health insurance company,

With this letter, I inform you of my decision of terminating the basic insurance (KVG/LaMal) that I presently receive from you.

Please find below the details of my current policy that I wish to cancel with effect from  Insert date :

|  |  |
| --- | --- |
| Insurance number: |  Insert your current insurance number  |
| First name: |  Insert first name  |
| Surname: |  Insert surname  |
| Date of birth: |  Insert date of birth  |
| Type of health insurance to cancel: | [ ]  Basic insurance (KVG/LaMal) |
| Remarks: |  Insert any remarks or leave this field blank  |
| Signature of insured person (or insured person’s legal representative) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I would appreciate if you could send me a confirmation of cancellation to the address indicated below. Should you require any additional information from me in order to process this cancellation, please don’t hesitate to call me at the telephone number stated below.

**Address:**

 Insert your full name

 Insert your address line 1

 Insert your address line 2

 Insert your address line 3

***Telephone:*** *Insert your phone number*

Many thanks for the insurance cover that you have provided me so far.

Yours sincerely,

 Insert your full name