***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 insurance policy no. XXX**

Dear Sir or Madam

Please be informed that I am cancelling my mandatory basic health insurance in due time with effect from DD.MM.YYYY. This cancellation only concerns basic insurance. My supplementary insurance policies with your health insurance company will remain unchanged.

*(Remove this sentence marked in yellow if you do not have any supplementary insurance with the same health insurance company).*

My new health insurance company will send you the necessary confirmation of insurance as soon as possible.

Thank you in advance for your attention and confirmation of cancellation.

Yours sincerely

Name and signature