

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,

Confirmation of insurance Visana Ltd, sana24 Ltd, vivacare Ltd, Galenos Ltd
In accordance with art. 7 para. 5 of the Health Insurance Act (HIA/KVG), we hereby confirm that the person(s) named
above has/have been admitted to compulsory health insurance in accordance with HIA/KVG as
of _____. This confirmation is only valid in the event that the insured person(s) has/have paid the premiums,
co-payments, default interest and debt enforcement costs in full. We kindly ask you to bring about the departure
from your health insurance accordingly.