

Termination of supplementary insurance VVG/LCA

We'll terminate your current insurance for you: All you have to do is complete and sign the form and return it to Sanitas no later than 2 weeks before the deadline for termination. We can only guarantee that your current health insurance will be terminated on time if we receive the form in good time. Please note the applicable statutory notice under "Services" at [sanitas.com](https://www.sanitas.com)

Recipient (address of your current health insurer)

Sender (your address)

(Please use block capitals)

Registered letter

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Place, date



Dear Sir or Madam

I/we hereby terminate my/our supplementary insurance pursuant to VVG/LCA with effect:



Insurance no.

First name, surname

Date of birth

Signature*



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* Or signature of legal representative.

Comments

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Please send confirmation of my/our termination. Many thanks for the insurance cover you have provided to date.