

to the  
**HALLESCHE Krankenversicherung a.G.**  
**70166 Stuttgart**

\_\_\_\_\_  
Insurance number

\_\_\_\_\_  
Surname, First name

\_\_\_\_\_  
Street

\_\_\_\_\_  
Postal code, city

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### Cancellation health insurance and care insurance

Dear Sir or Madam,

Effective from \_\_\_\_\_ I want to cancel my health and care insurance with the above mentioned insurance number.

- The termination is due to the departure from Germany.
- With the above mentioned date I am insured under the Compulsory Health Insurance.

A proof of the Compulsory Health Insurance is:

- Attached to this letter
- Following

Please transmit a confirmation of this cancellation.

Kind Regards,

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
signature of scholarship holder

\_\_\_\_\_  
signature of other insured person(s)