

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

**AGA International S.A.**  
**85609 Aschheim**

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

\_\_\_\_\_  
Street

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

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**Cancellation health insurance and care insurance**  
**Cancellation liability and accident insurance**

Dear Sir or Madam,

Effective from \_\_\_\_\_ I want to cancel the following insurances:

**Health insurance and care insurance**

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

- The termination is due to the departure from Israel
- 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

**Liability and accident insurance**

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

Please transmit a confirmation of this cancellation.

Kind Regards,

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

\_\_\_\_\_  
Signature of fellowship holder

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