

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 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

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)