ERGO

APPLICATION TO TERMINATE OR WITHDRAW FROM
A HEALTH INSURANCE CONTRACT

POLICYHOLDER:

First name and last name _____

Personal identification code ⌞__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟⌟

Address _____
Street, house number, apartment number (farm, village), postal code, city or rural municipality

E-mail _____   Telephone _____

I wish, as of ⌞__⌟__⌟__⌟__⌟__⌟__⌟__⌟⌟
(dd.mm.yyyy)

☐　**to terminate (reason)** _____

☐　**to withdraw from (reason)** _____

insurance policy No.: _____

Please transfer the insurance premium paid by me in advance for the unused insurance period to

Current account No.: ⌞__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟__⌟⌟

Please note! The owner of the current account must be the policyholder pursuant to the insurance policy.

To refund the insurance premium to a third party, it is required to send the signed consent of the policyholder and the third party who owns the current account to ERGO Life Insurance SE.

Policyholder:

_____
First name and last name

Date ⌞__⌟__⌟__⌟__⌟__⌟__⌟__⌟⌟
Day, month, year

Signature _____

Recipient of the application:

_____
First name and last name

Date ⌞__⌟__⌟__⌟__⌟__⌟__⌟__⌟⌟
Day, month, year

Signature _____