Sender

First + last name

Street + no.

Postcode + town

Registered mail

Health insurer's address

Name of health insurer

Street + no.

P.O. Box (if applicable)

Postcode + town

Place, date

Exclusion of accident cover

Dear Sir or Madam

I request the exclusion of accident cover from my mandatory basic health insurance. I work more than eight hours per week and am therefore insured against accidents through my employer (accident insurance, UVG). Accident cover through the health insurer is therefore not necessary.

I request the exclusion of accident cover from the following date:

Insured number	Exclusion from

Thank you and kind regards

Signature

First + last name