

<Addressee>
<Street Name_House number>
<Zip Code_City>

Date <Date >
Reference number "<Reference number>"
English version www.zk.nl/english/herpr3

Subject : premium payment

Dear <Mr./Mrs./Ms. > <Surname>,

You have not yet paid your health care insurance premium. We sent you letters on <Date> and <Date> requesting payment.

You still owe Zilveren Kruis the amount of € <XX>

Please pay this amount within 7 days. Attached to this letter you will find an overview.

You may pay the amount by giro slip or via online banking

These are our details:

Amount: € <XXX>
Account number: <account number>
In the name of: <Brand Name>
Payment reference: <reference number>

Not paying the outstanding amount within a week will have consequences

These are the consequences:

- If you have supplementary insurance, we will cancel these insurance plans as of <Date>.
- In case you have children or are you are paying premium for someone else we will also cancel their supplementary insurances plans as of <Date>.
- A debt collection agency will ask you for payment and you will incur debt collection costs.
- We can no longer agree to set up a payment plan.

We would like to help you find a solution

We prefer not to contact the debt collection agency; we would like to help you find a solution. Please contact our Debt Service Team for any questions on weekdays from <time> to <time>hours at:
<phone number> <(rate)>.

<Address>
<Zip code>< City>
<Website>

Yours sincerely,
<Branch Name>

"<Signers Name>"
"<Function Signer>"

< Achmea Zorgverzekeringen N.V. (KvK 30208637/AFM 12001027/UZOVI 3311) is the Zilveren Kruis national healthcare insurer. Achmea Zorgverzekeringen N.V. (KvK 28080300/AFM 12000647) is the insurer for the supplementary insurances. Achmea Schadeverzekeringen N.V. (KvK 08053410) is the insurer for the Zilveren Kruis travel insurance.

You still owe us € <amount>

Following is the calculation:

For		from	to	Amount to be paid	
Premium	<Name health care package>	<Date>	<Date>	€	<amount>
Premium	<Name health care package>	<Date>	<Date>	€	<amount>
Premium	<Name health care package>	<Date>	<Date>	€	<amount>
Total amount to be paid by you				€	<amount>