

<Addressee>  
<Street Name\_House number>  
<Zip Code\_City>

Date <Date >  
Membership number <Membership number  
Telephone number <Phone number> <rate>

Subject Settlement overview health care insurance

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

You have <Branch Name> National Health Care Insurance under membership number <number>. Our records indicate that you still owe us an outstanding amount. Besides, we owe you an amount.

#### Settlement

We have balanced the outstanding amount with the amount due to you. The specification on the reverse side shows that you still owe <Branch Name> an amount of € <amount>. Please pay the outstanding amount before <Date>. To do so you can use the enclosed accept form.

Please use <account number> and reference number <reference number> if you are paying through internet banking or telebanking.

#### Do you have any questions?

Please contact our customer service representatives for any further questions on weekdays from <time> to <time> at: <phone number> <(rate)>.

Yours sincerely,  
<Branch Name>

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

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

< 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.

**Specification concerning settlement overview health care insurance**

<b>Subject</b>	<b>Description</b>	<b>Period from</b>	<b>Period to</b>	<b>Expiry date</b>	<b>To pay</b>	<b>To receive</b>
<Subject>	<Description>	<Date>	<Date>	<Date>	€ <xxxxx>	€ <xxxxx>
<Subject>	<Description>	<Date>	<Date>	<Date>	€ <xxxxx>	€ <xxxxx>
<b>Total</b>					<b>€ &lt;xxxxx&gt;</b>	<b>€ &lt;xxxxx&gt;</b>
<b>Total amount you owe &lt;Branch Name&gt;</b>					<b>€ &lt;xxxxx&gt;</b>	