

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

Date <Date >
Telephone number <Phone number>
English version www.zk.nl/english/betrsc

Subject : Payment plan

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

You have arranged a payment plan with us. This concerns health care costs for an outstanding amount of € <xxx.xx>.

You will pay this amount in <XX> instalments

We will debit <XX> instalments from your account number <XXXXXX>.

- On <Date>: € <Amount>
- On <Date>: € <Amount>
- On <Date>: € <Amount>
- On <Date>: € <Amount>
- On <Date>: € <Amount>
- On <Date>: € <Amount>

Please note: in addition to the payment plan, we will also debit your current monthly premium.

If the debit instalments are unsuccessful the payment plan will stop

We will stop the payment plan when an instalment amount or a premium amount cannot be debited from your account. In that case you will have to pay the full amount in one payment. No further payment plans will be possible.

If you have any questions, please to contact us

Please contact our Debt Service Team; they will be happy to help you on weekdays from <time> to <time> hours 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.