

<Addressee>
<Street Name_House number>
<Zip code_City>
<Country>

Date <Date>
Membership number <Membership number>
Telephone number <Phone> <Rate>
Page <Page number>

Subject : **premium correction health insurance**

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

We have altered your <BRAND> health insurance, which has a premium consequence for the period from <DATE> to <DATE>. This letter will explain what this means.

Premium correction

On the reverse side of this letter, you will find a premium specification showing an outstanding amount <AMOUNT>. You have given us authorisation for direct debit premium payments. The amount due will be debited from your account around <DATE DIRECT DEBIT>.

Questions?

Do you have any questions, please do not hesitate to contact our customer service representatives. You can reach them on weekdays from <TIME> to <TIME> on telephone <PHONE NUMBER>.

Yours sincerely,
<BRAND>

<SIGNATURE>

<NAME SIGNER>
<FUNCTION SIGNER>

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

Date <Date>
 Membership number <Membership number>
 Telephone number <Phone number> <Rate>
 Page <Page number>

Premium correction specification health insurance

Concerns <NAME>			
Insurance number <Membership number>			
Description	Period from	Period to	Amount
<Settlement product 1>	<Inception date>	<End date>	<Amount>
<Settlement product 2>	<Inception date>	<End date>	<Amount>
<Settlement product 3>	<Inception date>	<End date>	<Amount>
<Settlement product N>	<Inception date>	<End date>	<Amount>
Please note¹			
Total amount due			<Total amount>

1) Table repeats with multiple insured parties from Concerns!