ZilverenKruis | achmea

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

Date	<Date>
Membership number	<Membership number>
Telehpone number	<Phone number> <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>. Please arrange payment of the amount due before <DATE>. To do so, you could use the attached accept form. Should you with to pay through internet or telephone banking, please transfer the amount using the following details: Account number: <ACCOUNT NUMBER>, reference number: <REFERENCE NUMBER>.

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>

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 note[1]			
Total amount due			<Total amount>

1) Table repeats with multiple insured parties from Conderns!