

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

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

Subject Health care insurance premium payment

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

This letter concerns your health care insurance premium payment.

**Please pay us the amount of € <amount> before <Date>**

Together with this letter you will receive an overview.

**You can pay by giro form or online banking**

These are our details:

Amount: € <xxxxx>  
Account number: <account number>  
Make out to: <Name insured >  
Payment reference: <payment reference>

**Direct debit**

You can choose to pay future invoices by direct debit. This will apply to premium payments and other costs such as the mandatory deductible excess and the possible statutory person contribution. You can easily arrange a direct debit through our customer service representatives. You can contact them on weekdays from <time> to <time> at <phone number> (local rate). You can also contact us should you have any other questions.

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.

**Premium overview**

For		from	to	Payable amount
Premium payment	<Name insurance>	<Date>	<Date>	€ <xxxxx>
Total amount to be paid by you				€ <xxxxx>