

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

Date <Date >
Reference number "<Reference number>"
English version www.zk.nl/english/herpschtorno

Subject : premium payment

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

This letter concerns your outstanding Zilveren Kruis Achmea Health Care Insurance premium.

Please pay Zilveren Kruis an amount of € <XX> before <Date>

Unfortunately we were unable to debit your account <account number>. Your bank will inform you regarding the reason.

You can pay the amount by giro slip or via online banking.

These are our details:

Amount: € <XXX>
Account number: <account number>
In the name of: <Brand Name>
Payment reference: <reference number>

Did you pay already?

In that case you do not have to do anything. If you have not paid the outstanding amount for a certain reason, we will be happy to help you find a solution. Please contact our customer service representatives 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.

You still owe Zilveren Kruis € <amount>

Following is the calculation:

For		From	To	Amount to be paid	
Premium	<Name health care package>	<date>	<date>	€	<amount>
Premium	<Name health care package>	<date>	<date>	€	<amount>
Total amount to be paid by you				€	<amount>