

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

Date <Date >
Reference number "<Reference number>"
English version www.zk.nl/english/herpc2

Subject : premium payment

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

You have not yet paid your health care insurance premium. We sent you a letter on <Date> regarding payment.

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

Attached to this letter you will find an overview and a giro slip which you can use to pay the amount. You can also make the payment via online banking. These are our details:

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

Are you unable to pay in one payment?

Please call our customer service representatives within a week at: <phone number> <(rate)> to set up a payment plan. If there is anything else we can help you with please, contact our customer service representatives on weekdays from <time> to <time>.

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>
Premium	<Name health care package>	<Date>	<Date>	€	<amount>
Total amount to be paid				€	<amount>