

<To the heirs of Mr./Mrs./Ms. Addressee>
<Street Name_House number>
<Zip Code_City>

Date <Date >
Reference number "<Reference number>"
English version www.zk.nl/herpr2erven

Subject : premium payment

Dear <Mr./Mrs./Ms. > <Surname>'s next of kin,

Our sincere condolences with <Name Insured>'s passing. I wish you all the best during this difficult time. We will stop <Name Insured>'s policy.

<Name Insured> still owes Zilveren Kruis an outstanding amount of € <XX>

Please pay this outstanding amount within 7 days. Attached to this letter you will find an overview. You may pay the outstanding amount with the attached giro slip, but also via online banking. These are our details:

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

Were you co-insured?

We will not cancel your insurance, it will continue without modifications. You are now responsible for your premium payments. You will receive your policy and a premium invoice.

Are you unable to pay the amount in one go?

To set up a payment plan, please contact our customer service representatives within a week at: <phone number> (<rate>).

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>

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

"<Signers Name>"
"<Function Signer>"

< 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> |
| <hr/> | | | | | |
| Total amount to be paid | | | | € | <amount> |