

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

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

Subject Settlement overview health care insurance

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

You have Zilveren Kruis National Health Care Insurance under membership number <number>. Our records indicate that you still owe <Branch Name> an outstanding amount. Besides, we owe you an amount.

**Settlement**

We have balanced the outstanding amount with the amount due to you. We have informed the debt collection agency or bailiff of the balance because the previously outstanding amount was transferred to them. The debt collection agency or bailiff will inform you about the outstanding amount that remains to be paid.

**Do you have any questions?**

Please contact our Debt Service Team on weekdays from <time> to <time>hours 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.