Sender
First name + surname
Street + house number
Postcode + city

Address of the health insurer
Name of health insurer
Street + house number
P.O. box (if applicable)
Postcode + city

Change to the deductible of compulsory health insurance

Hello

Please adjust the deductible for basic insurance for the persons named below from 01/01/ vear as follows:

First name + surname	**Insured person number**	**Previous deductible**	**New deductible**
Person 1	Policy number	Please select	Please select
Person 2	Policy number	Please select	Please select
Person 3	Policy number	Please select	Please select
Person 4	Policy number	Please select	Please select

Please confirm this change in writing.

Thank you and kind regards,

First name + surname
Place, date

_____

Signature