Sender

Insured person no.: Insured person no.

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 my deductible for basic insurance from 01/01/ year as follows:

Current deductible: Please select
New deductible: Please select

Please confirm this change in writing.

Thank you and kind regards,
First name + surname
Place, date

_____

Signature