Your current sender address

Recipient address

Place and date of the letter

Change of my address – insured person details

Health insurance number

Dear Sir or Madam,

Please change my address in your insured person details with effect from the date stated below.

Valid from

Previous address

New address

Please send your future correspondence to the new address and confirm the update to me. If I have to take any further steps because of the move, please let me know.

Yours faithfully,

Your name