ERGO Life Insurance SE's Estonian branch
Veskiposti 2/1, 10138 Tallinn
Registry code 12025488

Telephone 610-6677
elukindlustus@ergo.ee
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ERGO

APPLICATION TO TERMINATE OR WITHDRAW FROM A HEALTH INSURANCE CONTRACT

POLICYHOLDER:

First name and last name _____

Personal identification code ⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞

Address _____
Street, house number, apartment number (farm, village), postal code, city or rural municipality

E-mail _____   Telephone _____

I wish, as of ⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞
(dd.mm.yyyy)

☐ **to terminate (reason)** _____

☐ **to withdraw from (reason)** _____

insurance policy No.: _____

Please transfer the insurance premium paid by me in advance for the unused insurance period to

Current account No.: ⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞

Please note! The owner of the current account must be the policyholder pursuant to the insurance policy.

To refund the insurance premium to a third party, it is required to send the signed consent of the policyholder and the third party who owns the current account to ERGO Life Insurance SE.

Policyholder:

_____
First name and last name

Date ⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞
Day, month, year

Signature _____

Recipient of the application:

_____
First name and last name

Date ⌞__⌞__⌞__⌞__⌞__⌞__⌞__⌞
Day, month, year

Signature _____