

Surname, first name

Street, house no.

Postal code, city

Termination of my membership

Health insurance number

I hereby terminate my membership with your health insurance fund as of
Day Month Year

☐ I am moving back **permanently** to my home country or a different country.

Please note: We need proof of your relocation in order to terminate your membership (non-EU countries: proof of departure, e.g. deregistration certificate from the residents' registration office, plane ticket).

If a right of special termination exists, this right is expressly being asserted. Please send me a confirmation of the termination immediately (pursuant to Section 175 Sozialgesetzbuch (SGB) V [German Social Code Book 5]).

Tip: The documents for terminating your membership will be sent by postal mail. Download the TK-App (Apple App Store / Google Play store) now to receive and access the documents electronically.

Date, signature (of legal representative, if applicable)