REQUEST FOR DEREGISTRATION FROM HEALTH INSURANCE

(fill in capital letters)

Name:..

PESEL or Passport number...

* Please deregister me (and my family members) from health insurance as of ....

Poznań, on ....
                                                                                                        Signature

*Date of deregistration should be consistent with the date of acquisition of another title to insurance (e.g., date of commencement of contract of mandate).