



VHI Healthcare
The IDA Business Park
Purcells Inch
Dublin Road
Kilkenny

Date: _____

Name: _____

Policy Number: _____

For whom it may concern,

I wish to cancel my VHI health insurance policy effective from

_____.

Please ensure that any payment instructions are cancelled and that there will be no more premiums collected.

I would appreciate if you could refund any monies due for unused cover, if applicable.

Once my policy is cancelled, please confirm to me in writing.

Kind Regards

Signed: _____



HIBERNIAN Health
PO Box 764
Freepost
Togher
Cork

Date: _____

Name: _____

Policy Number: _____

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_____.

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