VHI Healthcare

The IDA Business Park Purcellsinch

Dublin Road Kilkenny

Date: …………………..

Name: ……………………………………………………

POLICY NUMBER: …………………………………….

To whom it may concern:

I wish to cancel my VHI insurance policy, effective from:

……………………………………………………………

Please refund any premium due for unused cover.

Please confirm that you have completed this request to me in writing.

Kind Regards,

Signed: ………………………………………………………