



Termination request

Contact details

I, the undersigned,
** Or attach a health insurance sticker*

Last name* :

First name* :

National ID number* :
(if not available, enter date of birth)

Street :

Number : Box : Postal code :

City :

Country :

Phone :

Email :

As the policyholder/insured party, I wish to terminate the following contract(s) :

Hospitalization insurance : 50/.....

Dental insurance : 53/.....

Effective from
** The request will be registered according to the date of receipt of this form and payment of premiums*

Beneficiaries concerned

All persons listed in my contract

The person(s) named :

Last & Fist name : Neutra Dentalis

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Last & Fist name : Neutra Dentalis

Reason for termination

Voluntary resignation

Transfer to my employer's insurance

Departure abroad

Done at, on **Signature**

Société Mutualiste d'Assurances Neutra

Personal data processed by SMA Neutra is processed in accordance with the requirements of Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. If you have any questions about this regulation, please contact the SMA Data Protection Officer by telephone on 04.254.58.91, by email at protection_donnees@neutrassur.be or by post at Rue de Joie 5, 4000 Liège. SMA Neutra's Personal Data Protection Statement can be consulted on its website at <https://www.neurahospi.be/>.