

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: .....