



Objection Health Insurance

You can use this form to submit an objection to a decision by the Health Insurance Office. You cannot use it to submit a complaint.

If an objection has not been submitted within 6 weeks, the Health Insurance Office will declare the objection inadmissible and the objection will not be processed any further.

The Health Insurance Office will start processing your objection as quickly as possible. Our aim is to process an objection by the statutory deadline of a maximum of six weeks.

It is important that you clearly indicate what your objection relates to. You should, for example, indicate when you wrote a particular letter, or what happened on a particular date.

Do you have any documents which are important for your objection, for example letters which have been sent out by the Health Insurance Office? If so, please send them to us. That will help us to process your objection quicker.

Please note!

Any documents you send with your objection will not be returned. You should therefore only submit copies.

1 I have an objection. My details are:

Gender: male female

First name: (in full)

|

Surname (*maiden name of married woman*)

|

ID number (sedula)

| | | | | | | | | | | |

Date of birth (mm/dd/yyyy)

| | | | | | | |

Address

|

Town/city

|

Email address

|

Daytime telephone number

|

I am being represented/my interests are being represented by, if applicable:

Gender: male female

First name: (in full)

|

Surname

|

ID number (sedula)

| | | | | | | | | | | |

Date of birth

| | | | | | | |

Address

|

Town/city

|

Email address

|

Daytime telephone number

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