

- *Method of payment:
- please pay the full amount
 - I request payment up to the current balance (in this case, the remaining amount cannot be claimed later)
 - I request payment from the amount of the employer's targeted support (in this case the payment is made up to the amount of the received support)

Declaration

I understand that I must notify the Fund within 30 days of the termination of the right to the support and that the Fund will not be liable for any disadvantages resulting from the failure to notify.

Dated:, 20.....

.....
Member's signature

To be returned: Patika Egészségpénztár, seat: H-1022 Budapest, Bimbó út 18., mailing address: H-1535 Budapest, Pf.: 861.