

Health Insurance Loss Notification Acknowledgement Slip

This document serves as an official acknowledgement of receipt of the health insurance loss notification.

Reference Number: [REF123456]
Date of Notification: [YYYY-MM-DD]

Policy Holder's Name: [Full Name]
Policy Number: [Policy Number]
Contact Number: [Phone Number]
Email Address: [Email]

Type of Loss: [e.g., Loss of Card, Policy Document]
Loss Date: [YYYY-MM-DD]
Reported By: [Name]
Remarks: [Any remarks, if applicable]

Item Lost	Description/Number	Date of Loss	Additional Details
[Insurance Card]	[Card Number]	[YYYY-MM-DD]	[Details, if any]

Received by (Insurer):

Signature: _____
Date: _____
Submitted by (Policy Holder):

Signature: _____
Date: _____

Important Notes:

- This slip acknowledges the notification of loss only; it is not a confirmation of claim approval.
- Immediately report any unauthorized usage of lost items to the insurer and relevant authorities.
- Retain this slip for your records and future correspondence regarding your insurance policy.
- Processing of replacement or claim is subject to the insurer's terms and completion of required documents.
- For further assistance, contact the insurer's customer support with your reference number.