

[Agency Name]  
[Agency Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Client Name]  
[Client Address]  
[City, State, Zip Code]

Dear [Client Name],

Welcome to [Agency Name]! We are pleased to confirm that your Medicare Supplement (Medigap) insurance coverage has been successfully processed.

Your new policy details are as follows:

- **Insurance Carrier:** [Carrier Name]
- **Plan Type:** [Plan Name, e.g., Plan G]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Effective Date]

As a client of our agency, you now have access to the following benefits:

- **Annual Reviews:** We will contact you during every Open Enrollment period to ensure your rates remain competitive.
- **Claims Assistance:** If you ever have a billing dispute or a question about a claim, our team is here to advocate for you.
- **Policy Management:** Contact us directly for any changes to your address, banking information, or contact details.

You should receive your official ID cards and policy documents directly from the insurance carrier within the next 7 to 10 business days. Please keep this letter with your important records.

If you have any questions regarding your coverage or if we can assist you with other insurance needs, please call us at [Phone Number].

Thank you for choosing [Agency Name] as your trusted insurance partner.

Sincerely,

[Agent Name]  
[Title]  
[Agency Name]