

[Date]

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

Dear [Client Name],

Welcome and thank you for choosing me as your dedicated insurance agent for your Medicare Supplement coverage. I am pleased to confirm that your application has been processed, and your policy with [Insurance Company Name] is now active.

My role is to serve as your primary point of contact for any questions regarding your benefits. Whether you need help understanding your coverage, updating your personal information, or reviewing your plan during the annual enrollment period, I am here to assist you.

Your Policy Details:

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

You should receive your official ID card and policy documents in the mail shortly. Please keep these in a safe place and present your new ID card to your healthcare providers at your next appointment.

If you have any questions or if your needs change, please do not hesitate to contact me directly at [Phone Number] or via email at [Email Address].

I look forward to working with you and providing you with peace of mind regarding your healthcare coverage.

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]
[Email Address]
[Website]