

[Date]

[Member Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip]

Subject: Welcome to Peace of Mind Medicare Supplement

Dear [Member Name],

Welcome to Peace of Mind. We are pleased that you have chosen us to provide your Medicare Supplement insurance coverage. Our goal is to provide you with financial security and the high-quality service you deserve.

**Your Policy Details:**

- Member ID: [ID Number]
- Plan Type: [Plan Letter, e.g., Plan G]
- Effective Date: [Date]

**What is included in this package:**

- Your Official Insurance Policy
- Your Member Identification Card
- A Summary of Benefits

Please review your policy documents carefully and keep them in a safe place. Your Member ID card should be kept in your wallet; you will need to present it along with your red, white, and blue Medicare card whenever you receive medical services.

With Peace of Mind, you have the freedom to choose any doctor or hospital that accepts Medicare. There are no networks to worry about and no referrals required to see a specialist.

If you have any questions regarding your coverage or need assistance, please call our Member Services department at [Phone Number], Monday through Friday, from [Hours].

Thank you for trusting us with your healthcare coverage needs.

Sincerely,

[Name/Signature]

[Title]

Peace of Mind Insurance Company