

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Welcome to [Company Name] - Your Medicare Supplement Policy is Enclosed

Dear [Policyholder Name],

Welcome to [Company Name]. We are pleased to provide your Medicare Supplement insurance coverage. Your application has been approved, and your policy is now in effect.

What is included in this package:

- Your official Insurance Policy document.
- Your Member Identification (ID) Card.
- A Summary of Benefits.

Next Steps:

1. **Review your policy:** Please read the enclosed documents carefully to understand your coverage and benefits.
2. **Keep your ID card:** Carry your new Member ID card with you. Show it to your healthcare providers along with your Medicare card.
3. **Check your information:** Verify that your name, address, and plan selection are correct on the enclosed documents.

Your policy number is: **[Policy Number]**
Your coverage effective date is: **[Effective Date]**

If you have any questions regarding your new coverage, please contact our Customer Service Department at [Phone Number] between [Hours of Operation].

Thank you for choosing [Company Name] for your healthcare needs.

Sincerely,

[Name/Signature]
[Title]
[Company Name]