

[Date]

[Policyholder 1 Name]

[Policyholder 2 Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Policyholder 1 Name] and [Policyholder 2 Name],

Welcome to [Insurance Company Name]. We are pleased to confirm that your Spousal Medicare Supplement insurance policies are now active. Thank you for choosing us to help manage your healthcare costs.

Your Policy Information:

- **Policyholder 1:** [Name] | **Policy Number:** [Number] | **Plan:** [Plan Type]
- **Policyholder 2:** [Name] | **Policy Number:** [Number] | **Plan:** [Plan Type]
- **Effective Date:** [Date]

Household Discount:

As you are both enrolled in a policy with our company, we have applied a household discount to your monthly premiums. This discount will remain in effect as long as both policies remain active and you continue to reside at the same address.

What Happens Next:

- **ID Cards:** Your permanent ID cards are enclosed. Please present these along with your red, white, and blue Medicare cards whenever you visit a provider.
- **Policy Documents:** Your full policy kits, including the Outline of Coverage and Benefit Booklets, are attached for your records.
- **Premium Payments:** Your first premium payment will be processed on [Date] via your chosen payment method.

If you have any questions regarding your coverage or the household discount, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

We are honored to serve you both.

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]