

[Date]

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

Dear [Client Name],

Welcome to [Agency Name]! Thank you for choosing us to assist you with your Medicare Supplement insurance needs. We are pleased to confirm that your application for [Insurance Carrier Name] has been processed.

Enclosed you will find your policy documentation and identification cards. Please review these documents carefully to ensure all information is correct. We recommend keeping your new ID card in your wallet alongside your original Medicare card.

Policy Details:

- **Plan Type:** [e.g., Plan G / Plan N]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Date]
- **Monthly Premium:** [Amount]

As your dedicated agency, our goal is to provide you with ongoing support. We will contact you annually to review your coverage and ensure your plan remains the most competitive option available in your area.

If you have any questions regarding your benefits, billing, or claims, please contact our office directly at [Phone Number] or via email at [Email Address].

Thank you for your trust and your business.

Sincerely,

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