

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

**Subject: Welcome to Our Medicare Supplement Family**

Dear [Policyholder Name],

Welcome to [Company Name]! We are honored that you have chosen us to provide your Medicare Supplement insurance coverage. Our goal is to provide you with peace of mind and the high-quality service you deserve.

Your policy is now active. Please find your member identification card and policy documents enclosed with this letter. We recommend keeping your ID card in your wallet and presenting it alongside your original Medicare card whenever you visit a healthcare provider.

**As a new member, you now have access to:**

- Direct payment of claims to your providers.
- Freedom to choose any doctor or hospital that accepts Medicare.
- Our dedicated customer support team to answer any billing or coverage questions.

If you have any questions regarding your benefits, please call our Member Services department at [Phone Number] or visit our website at [Website URL]. We are available [Days/Hours of Operation].

Thank you for trusting us with your healthcare needs. We look forward to serving you for many years to come.

Warm regards,

[Name/Signature]

[Title]

[Company Name]