

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Policy Number [Policy Number]

Dear [Policyholder Name],

Welcome to [Insurance Company Name]. We are pleased to have you as a member and thank you for choosing us for your insurance needs.

Please find your new insurance identification cards enclosed with this letter. We recommend that you review the cards to ensure all information is correct. If you find any errors, please contact us immediately.

**Important Reminders:**

- Keep these cards in a safe place, such as your wallet or vehicle glove compartment.
- Present your ID card whenever you seek services or receive medical care.
- Your coverage is effective as of [Effective Date].

You can manage your policy, view digital ID cards, and pay bills online by registering at [Website URL].

If you have any questions regarding your coverage or these cards, please call our Customer Service department at [Phone Number] or email us at [Email Address].

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]

Enclosure: Insurance ID Cards