

[Date]

[Policyholder Name]

[Address]

[City, State, Zip Code]

Welcome to Our Final Expense Insurance Family

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your final expense insurance needs. We are honored that you have trusted us to help protect your family's future and provide you with peace of mind.

Your policy is now active. This coverage is designed to ensure that your loved ones are not burdened by funeral costs or medical bills, allowing them to focus on honoring your memory. Please keep your policy documents in a safe place and inform your beneficiary of where they are located.

Your Policy Details:

- **Policy Number:** [Policy Number]
- **Coverage Amount:** [Benefit Amount]
- **Beneficiary:** [Beneficiary Name]
- **Monthly Premium:** [Premium Amount]

Our team is here to support you. If you have any questions regarding your coverage, wish to update your beneficiary information, or need to change your payment method, please contact us at [Phone Number] or visit our website at [Website URL].

Once again, welcome to our family. We are proud to serve you.

Sincerely,

[Signature]

[Name of Representative]

[Title]

[Company Name]