

[Date]

[Recipient Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Important Notice: Your Medicare Supplement Open Enrollment Period**

Dear [Recipient Name],

We are writing to inform you that you are approaching your Medicare Supplement (Medigap) Open Enrollment Period. This is a one-time, six-month window that begins the month you are 65 or older and enrolled in Medicare Part B.

During this period, you have the right to buy any Medicare Supplement policy sold in your state, regardless of your health status. During this time, insurance companies:

- Cannot deny you coverage.
- Cannot charge you more due to pre-existing health conditions.
- Cannot make you wait for coverage to start.

**Why this matters:** Once this window closes, you may be subject to "medical underwriting," which could result in higher premiums or a denial of coverage based on your health history.

**Next Steps:**

To ensure you have the coverage you need, please review your options before your enrollment period ends on [Enrollment End Date].

If you have questions or would like to review available plans, please contact us at [Phone Number] or visit [Website].

Sincerely,

[Sender Name]

[Company Name]

[Phone Number]