

[Current Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Dear [Client Name],

Welcome to our agency family! Thank you for choosing us to assist you with your Medicare Supplement insurance coverage. We are honored to represent you and are committed to providing you with excellent service for years to come.

Enclosed you will find your policy documentation and our contact information. We recommend keeping these files in a safe place. If you have any questions regarding your benefits, claims, or monthly premiums, please do not hesitate to call us directly at [Phone Number].

### **Our Senior Community Referral Program**

Our goal is to be a total resource for our clients. We understand that navigating senior living options, home health care, or local senior services can be overwhelming. Over the years, we have built a trusted network of local professionals, including:

- Assisted Living and Independent Living Communities
- Home Health and Personal Care Services
- Estate Planning Attorneys
- Senior Resource Centers

If you or a loved one are ever in need of a referral to a high-quality senior service provider in our community, please reach out. We are happy to connect you with the right people at no cost to you.

Thank you again for your trust. We look forward to serving you.

Sincerely,

[Agent Name]

[Agency Name]

[Phone Number]

[Email Address]