

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Applicant Name]
[Applicant Address]
[City, State, Zip Code]

Subject: Welcome and Approval of Your Medicare Supplement Application

Dear [Applicant Name],

Congratulations! We are pleased to inform you that your application for a Medicare Supplement insurance policy with [Insurance Company Name] has been officially approved.

Your coverage is scheduled to begin on **[Effective Date]**. You should receive your official policy documents and your member ID card via mail within the next [Number] business days. Please review these documents carefully and keep them in a safe place.

As your insurance agency, we are here to support you. We can assist you with:

- Understanding your plan benefits and coverage details.
- Answering questions regarding your premium payments.
- Updating your personal information or contact details.
- Conducting annual reviews to ensure your plan still meets your needs.

If you do not receive your ID card by [Date], or if you have any immediate questions regarding your new coverage, please contact our office at [Phone Number] or email us at [Email Address].

Thank you for choosing [Agency Name] to assist you with your Medicare Supplement needs. We look forward to serving you for many years to come.

Sincerely,

[Agent Name/Signature]
[Title]
[Agency Name]