

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Thank you for choosing [Agency Name] for your Medicare Supplement needs

Dear [Client Name],

Thank you for choosing [Agency Name] to assist you with your Medicare Supplement insurance. We are honored that you have placed your trust in us to help navigate your healthcare coverage options.

Our goal is to provide you with the highest level of service and to ensure that you feel confident in the plan you have selected. We are committed to being your long-term partner and will be here to support you whenever you have questions or if your needs change in the future.

You should receive your official policy documents shortly if you have not already. Please review them carefully and keep them in a safe place.

If you need any assistance or have questions regarding your benefits, please do not hesitate to contact us at [Phone Number] or via email at [Email Address].

Once again, thank you for your business and for the opportunity to serve you.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]