

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Dear [Client Name],

Thank you for choosing [Agency/Agent Name] for your Medicare coverage needs. We truly appreciate the trust you have placed in us to help secure your healthcare future.

We are pleased to confirm your enrollment in your new Medicare Supplement (Medigap) plan. This plan is designed to provide you with peace of mind by covering many of the out-of-pocket costs that Original Medicare does not cover. Below are some of the key benefits you can now enjoy:

- **Financial Predictability:** Reduced or eliminated co-payments and deductibles for Medicare-covered services.
- **Freedom of Choice:** You can visit any doctor or specialist in the United States who accepts Medicare patients; no referrals are required.
- **Guaranteed Renewability:** As long as premiums are paid on time, your coverage cannot be canceled, regardless of changes to your health.
- **Nationwide Coverage:** Your benefits travel with you anywhere in the country.

Please keep an eye on your mail for your new member ID card and policy documents. Once they arrive, we recommend carrying your new card alongside your red, white, and blue Medicare card.

If you have any questions regarding your benefits or if there is anything else we can assist you with, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you again for being a valued client.

Sincerely,

[Agent Name]

[Agency Name]