

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Dear [Client Name],

Thank you for choosing [Agency/Agent Name] to assist with your Medicare Supplement Insurance enrollment. I truly appreciate the trust you have placed in me to help secure your healthcare coverage.

Your new policy with [Insurance Carrier Name] is now being processed. You should receive your official policy documents and ID card in the mail within [Number] business days. Please review these materials carefully and keep your ID card in a safe place.

My goal is to provide you with ongoing support. If you have any questions regarding your benefits, billing, or if you receive any correspondence from the insurance company that you do not understand, please do not hesitate to contact me directly.

I look forward to serving as your insurance agent for years to come. Thank you again for your business.

Sincerely,

[Your Name]

[Your Title]

[Your Phone Number]

[Your Email Address]