

[Date]

[Client Name]

[Address]

[City, State, Zip Code]

Subject: Confirmation of Your Medicare Supplement Coverage

Dear [Client Name],

Thank you for choosing [Agency/Company Name] for your Medicare Supplement insurance needs. We are pleased to confirm that your application has been processed and your coverage is now active.

**Policy Details:**

- **Carrier:** [Insurance Company Name]
- **Plan Type:** [e.g., Plan G / Plan N]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Date]
- **Monthly Premium:** \$[Amount]

You should receive your official identification card and policy documents via mail within [Number] business days. Please keep these documents in a safe place and present your new ID card to your healthcare providers at your next visit.

We appreciate the trust you have placed in us. Our goal is to provide you with peace of mind regarding your healthcare costs. If you have any questions regarding your benefits, billing, or claims, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you again for your business.

Sincerely,

[Agent Name]

[Title]

[Agency Name]