

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Thank You for Choosing [Agency/Company Name] for Your Medicare Supplement Insurance

Dear [Client Name],

On behalf of [Agency/Company Name], I would like to personally thank you for partnering with us to manage your Medicare Supplement Insurance needs. We are honored that you have placed your trust in us to help protect your health and financial well-being.

Our goal is to provide you with peace of mind by ensuring you have the coverage that best fits your lifestyle. We are committed to offering you exceptional service and being a reliable resource for any questions you may have regarding your policy, claims, or future benefits.

Please keep your policy documents in a safe place. If you have any questions or if your contact information changes, do not hesitate to reach out to us at [Phone Number] or [Email Address].

Thank you again for your business and for the opportunity to serve you.

Sincerely,

[Your Name]

[Your Title]

[Agency/Company Name]