

[Current Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Dear [Policyholder Name],

Thank you for choosing [Insurance Agency/Company Name] for your Medicare Supplement insurance needs. We are pleased to confirm that your new policy, [Policy Plan Type], is now active.

We appreciate the trust you have placed in us to help manage your healthcare costs. Our goal is to provide you with peace of mind and the highest quality of service. This coverage is designed to help pay for some of the out-of-pocket costs that Original Medicare does not cover, such as copayments, coinsurance, and deductibles.

Your policy identification card and official documents are enclosed with this letter. Please review them carefully and keep them in a safe place. We recommend presenting your new ID card to your healthcare providers during your next visit.

If you have any questions regarding your benefits, claims, or any other details of your coverage, please do not hesitate to contact us at [Phone Number] or via email at [Email Address].

Thank you again for your business. We look forward to serving you for many years to come.

Sincerely,

[Agent Name/Signature]

[Title]

[Company Name]