

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Welcome and Confirmation of Your Medicare Supplement Plan

Dear [Client Name],

Thank you for choosing [Agency/Agent Name] for your Medicare Supplement needs. It was a pleasure assisting you, and I am happy to welcome you as a new client.

This letter confirms your selection of the following coverage:

- **Insurance Carrier:** [Carrier Name]
- **Plan Type:** [Plan Letter, e.g., Plan G]
- **Effective Date:** [Effective Date]
- **Monthly Premium:** [Premium Amount]

What happens next:

1. **ID Cards:** You will receive your official member ID card and policy documents in the mail from the insurance carrier within 7 to 14 business days.
2. **Payments:** If you set up automatic bank drafts, your first premium will be withdrawn on or around your effective date.
3. **Using Your Plan:** Starting on [Effective Date], simply present your new ID card along with your Red, White, and Blue Medicare card whenever you visit a healthcare provider.

My goal is to be your primary resource for any questions regarding your Medicare coverage. Please keep my contact information on file. If you have questions about your benefits, billing, or if you receive any correspondence from Medicare that you do not understand, do not hesitate to call me directly at [Phone Number].

Thank you for placing your trust in me. I look forward to serving you for years to come.

Sincerely,

[Agent Name]

[Agent Title]

[Agency Name]

[Phone Number]

[Email Address]