

[Your Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Applicant Name]  
[Applicant Address]  
[City, State, Zip Code]

Subject: Official Confirmation of Your Medicare Supplement Insurance Enrollment

Dear [Applicant Name],

Thank you for choosing [Your Company Name] for your Medicare Supplement insurance needs. We are pleased to inform you that your application for Plan [Plan Type, e.g., G] has been officially processed and approved.

Your policy details are as follows:

- **Policy Number:** [Policy Number]
- **Effective Date:** [Effective Date]
- **Monthly Premium:** \$[Amount]

You will receive your physical ID card and full policy documentation via mail within [Number] business days. Please keep these documents in a safe place and present your new ID card to your healthcare providers alongside your original Medicare card.

We are committed to providing you with excellent service and support. If you have any questions regarding your coverage, benefits, or premium payments, please contact our Customer Service department at [Phone Number] or visit our website at [Website URL].

Thank you for placing your trust in us for your supplemental healthcare coverage.

Sincerely,

[Sender Name/Signature]  
[Title]  
[Your Company Name]