

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Dear [Client Name],

Thank you for choosing [Agency/Company Name] to assist you with your Medicare Supplement healthcare coverage. We sincerely appreciate the trust you have placed in our advisors to help navigate your healthcare options.

Our goal is to ensure you have the peace of mind that comes with comprehensive coverage and personalized service. We are committed to being your reliable resource for any questions or concerns you may have regarding your policy or future healthcare needs.

Enclosed/Attached you will find [mention any documents included, such as policy summaries or contact cards]. Please keep these for your records.

If you need assistance at any time, please do not hesitate to contact your advisor, [Advisor Name], directly at [Phone Number] or via email at [Email Address].

Thank you again for the opportunity to serve you.

Sincerely,

[Your Name/Signature]

[Title]

[Agency/Company Name]