

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Dear [Client Name],

Thank you for choosing [Agency/Company Name] to assist with your Medicare Supplement insurance enrollment. We truly appreciate the trust you have placed in us to help secure your healthcare coverage.

Your application for [Plan Name] has been submitted to [Insurance Carrier Name]. You should receive your official policy documents and member ID card in the mail within [Number] business days. Please review these materials carefully and keep them in a safe place.

Our commitment to you does not end with your enrollment. We are here to serve as your ongoing resource for any questions regarding your benefits, claims, or future coverage needs. If you do not receive your policy documents or if you have any immediate concerns, please contact us directly at [Phone Number] or [Email Address].

Thank you again for the opportunity to serve you.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]