

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

**Subject: Welcome to Your New Medicare Supplement Plan**

Dear [Client Name],

Thank you for choosing [Agency/Company Name] for your Medicare Supplement coverage. We are pleased to confirm that your enrollment in [Plan Name, e.g., Plan G] is now complete.

Your new coverage is scheduled to begin on **[Effective Date]**. Below is a summary of what you can expect next:

- **ID Card:** You will receive your official member ID card by mail within [Number] business days.
- **Policy Documents:** A complete package detailing your benefits and terms of coverage will be sent to your address shortly.
- **Premium Payments:** Your first premium payment will be processed on or around [Date] via your chosen payment method.

Please remember to keep your original Medicare card (Red, White, and Blue) as you will still need to present it along with your new Supplement card when visiting healthcare providers.

If you have any questions regarding your benefits, or if you do not receive your ID card by the date mentioned above, please contact me directly at [Phone Number] or [Email Address].

We appreciate the opportunity to serve your healthcare needs and look forward to assisting you for years to come.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]