

[Date]

[Member Name]

[Address]

[City, State, Zip Code]

**Subject: Welcome to [Insurance Company Name]**

Dear [Member Name],

Welcome to [Insurance Company Name]. We are pleased to confirm that your health insurance enrollment is complete. Your coverage is effective as of [Effective Date].

**Your Plan Details:**

- **Member ID:** [Member ID Number]
- **Plan Name:** [Plan Name/Type]
- **Group Number:** [Group Number]

**Next Steps:**

1. **Review your Member ID Card:** Your physical ID card is enclosed. Please keep it with you at all times.
2. **Register Online:** Visit our website at [Website URL] to create your account, view claims, and find local doctors.
3. **Select a Primary Care Provider (PCP):** Ensure you have selected a doctor within our network to maximize your benefits.

Attached to this letter, you will find a summary of your benefits and coverage details. Please review these documents carefully to understand your co-pays, deductibles, and covered services.

If you have any questions, please contact our Member Services department at [Phone Number] or email us at [Email Address]. We are available [Days/Hours of Operation].

Thank you for choosing [Insurance Company Name] for your healthcare needs.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]