[Date]

[Client Name]
[Client Address]
[City, State, Zip]

Subject: Your Annual Medicare Supplement Account Review

Dear [Client Name],

I hope you are doing well. As a valued client, I want to ensure that your current Medicare Supplement coverage continues to meet your needs and budget.

Medicare plan premiums and benefits can change annually. It is time for our scheduled yearly review to:

- Compare your current rate against other top-rated carriers in your area.
- Confirm your current plan still aligns with your healthcare preferences.
- Answer any questions you have regarding your coverage or recent Medicare updates.

This review typically takes about 15 minutes and can be done over the phone or in person. Please contact my office at [Phone Number] or email me at [Email Address] to schedule a time that works best for you.

I look forward to speaking with you soon and ensuring you have the best protection for the upcoming year.

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]
[License Number]