[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Annual Health Insurance Automatic Renewal

Dear [Policyholder Name],

This letter is to formally confirm that your health insurance policy, [Policy Number], has been automatically renewed for the upcoming coverage period effective [Start Date] through [End Date].

As part of our automatic renewal process, your current coverage and benefits will continue without interruption. Please review the summary below for your records:

- **Policy Type:** [Plan Name/Type]
- **Renewal Date:** [Date]
- **New Monthly Premium:** [Amount]
- **Payment Method:** [Direct Debit/Credit Card on file]

Your premium payments will continue to be deducted automatically using the payment method currently on file. If you wish to make changes to your coverage, update your personal information, or opt-out of automatic renewal for the next term, please contact our customer service department by [Deadline Date].

Updated policy documents and your new insurance ID cards (if applicable) are enclosed with this letter. You may also access your digital documents through our online member portal.

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

Sincerely,

[Sender Name/Signature]
[Title]
[Insurance Company Name]
[Customer Service Phone Number]