

[Date]

[Customer Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Welcome to [Insurance Company Name] - Policy #[Policy Number]

Dear [Customer Name],

Thank you for choosing [Insurance Company Name] for your life insurance needs. We are pleased to inform you that your application has been approved, and your policy is now active.

Enclosed you will find your formal policy document. Please review it carefully to understand your coverage, benefits, and any exclusions. We recommend storing this document in a safe place and informing your beneficiaries of its location.

Policy Summary:

- **Policy Type:** [Policy Type, e.g., Term/Whole Life]
- **Coverage Amount:** [Benefit Amount]
- **Premium Amount:** [Payment Amount]
- **Payment Frequency:** [Monthly/Annual]
- **Effective Date:** [Start Date]

As a policyholder, you can manage your account online at [Website URL]. Our portal allows you to update your contact information, change beneficiaries, and make premium payments.

If you have any questions regarding your coverage or if any information in the enclosed document is incorrect, please contact our customer service team at [Phone Number] or [Email Address].

Thank you for trusting us to help protect your family's future.

Sincerely,

[Name/Signature]
[Title]
[Insurance Company Name]