

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Welcome to [Insurance Company Name]

Dear [Client Name],

Thank you for choosing [Insurance Company Name] for your health insurance needs. We are pleased to welcome you as a new member.

Your policy is now active. Below are your essential membership details:

- **Policy Number:** [Policy Number]
- **Plan Type:** [Plan Name/Type]
- **Coverage Start Date:** [Start Date]

Attached to this letter, you will find your insurance ID card and a summary of benefits. Please review these documents carefully to understand your coverage, including co-pays, deductibles, and our network of healthcare providers.

To manage your account online, please visit our member portal at [Website URL]. Through the portal, you can:

- View and print digital ID cards.
- Track your claims and spending.
- Find in-network doctors and pharmacies.
- Access wellness resources.

If you have any questions regarding your coverage or need assistance, our customer service team is available at [Phone Number] or via email at [Email Address].

We are committed to providing you with excellent service and supporting your health and well-being.

Sincerely,

[Sender Name]

[Title/Department]

[Insurance Company Name]