

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Important: Your Health Insurance Policy is Up for Renewal

Dear [Policyholder Name],

This is a reminder that your health insurance policy, [Policy Number], is scheduled to expire on [Expiry Date].

To ensure that you and your family continue to have uninterrupted access to healthcare services and benefits, please renew your policy before the expiration date. Maintaining continuous coverage prevents waiting periods for pre-existing conditions and ensures you stay protected against unexpected medical expenses.

Renewal Details:

- **Policy Number:** [Policy Number]
- **Current Expiration Date:** [Expiry Date]
- **New Policy Period:** [Start Date] to [End Date]
- **Renewal Premium Amount:** [Amount]

How to Renew:

1. **Online:** Log in to your account at [Website URL].
2. **Mobile App:** Use our official mobile application.
3. **Phone:** Call our renewal helpline at [Phone Number].
4. **In Person:** Visit any of our branch offices.

If you wish to make changes to your coverage level or update your personal information, please contact your insurance agent or our customer service team at [Customer Service Email/Phone] before processing your payment.

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

Sincerely,

[Sender Name/Department]

[Insurance Company Name]