

[Date]

[Recipient Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Your Enclosed Insurance ID Card Replacement**

Dear [Policyholder Name],

Enclosed please find your replacement Insurance Identification Card for policy number [Policy Number].

This replacement card has been issued due to:

- [Reason for replacement: e.g., Requested duplicate / Change of information / Annual renewal]

Please review the information on the card to ensure it is accurate. We recommend that you destroy any old versions of your ID card and replace them with this new one immediately. You should keep this card in a safe place, such as your wallet or vehicle, as you will need it when seeking medical services or in the event of an emergency.

If you notice any errors on the card or have any questions regarding your coverage, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]