

[Current Date]

[Member Name]

[Street Address]

[City, State, Zip Code]

Subject: Replacement Health Insurance ID Card

Dear [Member Name],

Enclosed please find your replacement Health Insurance Identification Card for [Insurance Company Name].

This card replaces your previous ID card. Please review the information printed on the card to ensure your name and member details are correct. If any information is inaccurate, please contact our member services department immediately at [Phone Number].

We recommend that you destroy your old ID card and begin using this new card for all future medical appointments and pharmacy visits. You may also want to provide a copy of this card to your primary care physician for their records.

If you have any questions regarding your coverage or benefits, please visit our website at [Website URL] or call us at the number listed on the back of your card.

Sincerely,

[Sender Name]

[Department Name]

[Insurance Company Name]

Enclosure: Health Insurance ID Card