

[Your Name or Company Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Address Line 1]  
[Recipient Address Line 2]  
[City, State, Zip Code]

Re: Replacement Insurance Identification Card  
Policy Number: [Policy Number]

Dear [Recipient Name],

Please find enclosed your replacement insurance identification card as requested.

We recommend that you review the information on the card for accuracy. Please destroy any old or expired cards you may have in your possession to avoid confusion.

If you have any questions or if any of the information on this card is incorrect, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Your Name/Signature]  
[Your Title]

Enclosure: Insurance ID Card