

[Date]

[Member Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Your Updated Insurance Identification Card

Dear [Member Name],

Please find your updated insurance identification card enclosed with this letter. This card replaces any previous versions you may have received.

We issued this updated card due to:

- [Reason for update: e.g., Plan change, updated coverage dates, or corrected information]

Important Steps:

1. Check the information on the card for accuracy.
2. Destroy and discard your old identification card immediately.
3. Present this new card the next time you receive services from a healthcare provider or pharmacy.

If you have any questions regarding your coverage or if you notice an error on your card, please contact our Member Services department at [Phone Number] or visit our website at [Website URL].

Thank you for being a valued member.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

Enclosure: Updated Insurance ID Card