

[Date]

[Recipient Name]

[Street Address]

[City, State, Zip Code]

Re: Replacement Insurance Identification Card

Policy Number: [Policy Number]

Dear [Recipient Name],

As requested, please find enclosed your replacement insurance identification card(s) for the policy referenced above.

We recommend that you review the information on the card for accuracy. If any corrections are needed, please contact our customer service department immediately. Please also ensure that you discard any outdated or expired cards you may currently have.

If you have any further questions or require additional assistance, you can reach us at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name/Department]

[Insurance Company Name]

Enclosure: Insurance ID Card(s)