

[Date]

[Member Name]

[Street Address]

[City, State, Zip Code]

Subject: Your Replacement Insurance Identification Card

Dear [Member Name],

As requested, please find your replacement insurance identification card enclosed with this letter.

Please review the information on the card to ensure that all details, including your name and member ID number, are correct. We recommend that you destroy any old or damaged cards you may still have to avoid confusion during your next medical visit.

You should present this new card whenever you receive medical services or fill a prescription. If you have any questions regarding your coverage or need further assistance, please contact our Member Services 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]

Enclosure: Insurance ID Card