[Date]

[Policyholder Name]
[New Street Address]
[City, State, Zip Code]

Subject: Acknowledgment of Address Change - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to confirm that we have successfully processed your request to update the mailing address associated with your health insurance policy.

Our records have been updated as follows:

Previous Address: [Old Address]
New Address: [New Address]
Effective Date: [Date of Change]

Please find enclosed the formal Policy Endorsement reflecting this change. We recommend that you keep this document with your original insurance policy for your records.

All future correspondence, including billing statements, tax forms, and updated insurance cards, will be sent to your new address. If you have moved to a different state or service area, please contact us to ensure your current plan remains available in your new location.

If you did not request this change or if the information above is incorrect, please contact our Customer Service Department immediately at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Authorized Signature]
[Name of Representative]
[Department Name]
[Insurance Company Name]