

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Confirmation of Approved Life Insurance Policy - [Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your application for life insurance has been approved. Your coverage is now active under policy number [Policy Number].

Please find your official policy documents enclosed with this letter. We recommend that you review these documents carefully to understand your benefits, coverage limits, and any exclusions. Keep these papers in a safe place and ensure your beneficiaries are aware of their location.

Policy Summary:

- Product Name: [Plan Name]
- Coverage Amount: [Amount]
- Effective Date: [Date]
- Premium Amount: [Amount]
- Payment Frequency: [Monthly/Quarterly/Annual]

If you have any questions regarding your coverage or if any information in the documents needs correction, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Name/Signature]

[Title]

[Company Name]