

[Company Name]  
[Department Name]  
[Address Line 1]  
[City, State, Zip Code]

[Date]

[Subscriber Name]  
[Subscriber Address]  
[City, State, Zip Code]

Re: Confirmation of Name Change for Policy [Policy Number]

Dear [Subscriber Name],

This letter is to confirm that we have received and processed your request to update the legal name on your health insurance policy. Your records have been updated in our system to reflect this change.

**Previous Name:** [Former Name]

**Updated Name:** [New Name]

Please review your updated information. You will receive a new insurance identification card by mail within [Number] business days. Upon receipt of your new card, please destroy any old identification cards to avoid confusion during medical appointments.

Your coverage, benefits, and policy terms remain unchanged. If you have any questions or notice any errors in this update, please contact our Member Services department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Sender Name/Signature]  
[Title]  
[Health Insurance Company Name]