

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

[Date]

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

Subject: Confirmation of Maternity Coverage Policy Rider Addition

Dear [Member Name],

This letter is to formally confirm that a Maternity Coverage Rider has been successfully added to your health insurance policy, effective [Effective Date].

Policy Details:

- **Policy Number:** [Policy Number]
- **Rider Type:** Maternity Benefit Rider
- **Coverage Start Date:** [Start Date]
- **Waiting Period (if applicable):** [Number of Months]

The added coverage includes benefits for prenatal care, delivery services, and postnatal care, subject to the terms and conditions outlined in your updated policy document. Please find the enclosed Rider Certificate which details specific benefit limits, co-payments, and deductible requirements.

We recommend reviewing these documents carefully. If you have any questions regarding your new coverage or if any information listed above is incorrect, please contact our Member Services department at [Phone Number] or via email at [Email Address].

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

Sincerely,

[Name/Signature]
[Title]
[Company Name]

Enclosure: Maternity Rider Certificate