

[Date]

[Member Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Conversion to Individual Health Insurance Policy

Dear [Member Name],

This letter serves as formal confirmation that your request to convert your group health insurance coverage under [Former Group/Employer Name] to an individual health insurance policy has been successfully processed.

Your new policy details are as follows:

- **Policyholder Name:** [Member Name]
- **New Policy Number:** [Policy Number]
- **Effective Date:** [Date]
- **Plan Type:** [Plan Name/Level]
- **Monthly Premium Amount:** \$[Amount]

Your new insurance ID cards are enclosed with this letter. Please present these cards to your healthcare providers for all services rendered on or after the effective date listed above.

Please note that your first premium payment is due by [Date] to ensure there is no lapse in coverage. You can manage your policy, view benefits, and make payments through our member portal at [Website URL].

If you have any questions regarding your new coverage or the transition process, please contact our Customer Service Department at [Phone Number] or [Email Address].

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

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]

Enclosures: [Insurance ID Cards, Policy Summary]