

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

[Date]

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

Subject: Confirmation of Conversion to Major Medical Health Plan

Dear [Member Name],

This letter confirms that your request to convert your coverage from a Short-Term Health Insurance policy to a Comprehensive Major Medical Health Plan has been processed and approved.

Conversion Details:

- **Original Short-Term Policy Number:** [Policy Number]
- **New Major Medical Policy Number:** [New Policy Number]
- **Effective Date of New Coverage:** [Date]
- **Plan Name:** [Plan Name/Level]
- **Monthly Premium Amount:** \$[Amount]

Your new Major Medical policy is Minimum Essential Coverage (MEC) as defined by the Affordable Care Act. This plan includes coverage for essential health benefits, including pre-existing conditions, maternity care, and mental health services, which may not have been covered under your previous short-term plan.

Next Steps:

1. Review your new Summary of Benefits and Coverage (SBC) attached to this letter.
2. Expect your new member ID cards to arrive by mail within [Number] business days.
3. Update your automatic payment information if your premium amount has changed.

If you have any questions regarding your new benefits or your transition, please contact our Customer Service Department at [Phone Number] or visit our member portal at [Website URL].

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

Sincerely,

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