

[Date]

[Member Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Welcome to [Company Name] - Your Health and Dental Policy Documents

Dear [Member Name],

Welcome to [Company Name]! Thank you for choosing us for your health and dental insurance needs. We are committed to providing you with quality coverage and exceptional service.

Please find your policy documents and membership materials enclosed with this letter. These documents contain important information regarding your coverage, including:

- Your Insurance Policy/Certificate of Insurance
- Summary of Benefits and Coverage (SBC)
- Your Permanent Member ID Card(s)
- Provider Directory Information

Policy Details:

Policy Number: [Policy Number]

Effective Date: [Start Date]

Plan Type: [Plan Name/Type]

To manage your account online, please visit our member portal at [Website URL]. Once registered, you can view your claims, find in-network doctors, and download digital copies of your ID cards.

We recommend that you review your policy documents carefully to understand your benefits, copayments, and any pre-authorization requirements. Please ensure you present your new ID card at all medical and dental appointments.

If you have any questions or did not receive your ID cards, please contact our Member Services Department at [Phone Number] or email us at [Email Address]. We are available [Days/Hours of Operation].

Thank you for trusting us with your health and wellness.

Sincerely,

[Sender Name/Signature]

[Title]

[Company Name]