

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

[Date]

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

Re: Welcome and Delivery of Medicare Supplement Policy [Policy Number]

Dear [Policyholder Name],

Welcome to [Company Name]. Thank you for choosing us for your Medicare Supplement insurance needs. We are pleased to confirm that your application has been approved.

Enclosed you will find your insurance policy and your member identification card. Please review these documents carefully to ensure all information is correct and to understand your benefits, limitations, and exclusions.

Policy Details:

- **Plan Type:** [Plan Letter, e.g., Plan G]
- **Effective Date:** [Effective Date]
- **Monthly Premium:** [Premium Amount]

Next Steps:

- Keep your policy documents in a safe place.
- Present your new member ID card along with your Red, White, and Blue Medicare card whenever you visit a healthcare provider.
- Note the "Free Look Period": You have [30] days from the date you receive this policy to review it. If you are not satisfied for any reason, you may return it for a full refund of any premiums paid.

If you have any questions regarding your coverage or notice any errors in your documents, please contact your agent, [Agent Name], at [Agent Phone Number], or call our Customer Service department at [Customer Service Phone].

Thank you for trusting us with your healthcare coverage.

Sincerely,

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