

[Date]

[Client Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Delivery of Health Insurance Policy - [Policy Number]

Dear [Client Name],

Thank you for choosing [Insurance Company Name] for your health insurance needs. We are pleased to formalize your coverage and have enclosed your original policy documents for your records.

Please review your policy carefully to ensure all details are correct. While your coverage is active, we noticed that your application is currently missing a required signature on the following document(s):

- [Name of Document 1]
- [Name of Document 2]

To ensure your policy file remains compliant and to avoid any potential delays in future claims processing, please sign the highlighted sections on the enclosed copies and return them to us using the provided prepaid envelope by [Date].

If you have any questions regarding your benefits or the required documentation, please contact our customer service department at [Phone Number] or email [Email Address].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]

Enclosures: Policy Documents, Signature Pages, Return Envelope