Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Coverage Type: Comprehensive Health Insurance
Payment Status: Paid-in-Full

Dear [Insert Policyholder Name],

Thank you for choosing [Insert Insurance Company Name]. We are pleased to provide you with your formal policy documents for your Comprehensive Health Insurance plan.

Our records confirm that your premium has been **paid in full** for the period of [Insert Start Date] to [Insert End Date]. No further payments are required for this term. Please review the attached documents carefully to understand your benefits, coverage limits, and claim procedures.

Acknowledgment of Receipt

By signing below, I acknowledge that I have received the original policy documents and that the terms and conditions have been explained to me. I confirm that the information provided in my application remains accurate as of this date.

_____
Policyholder Signature

_____
Date of Receipt

Agent/Representative Information:

Name: [Insert Name]
ID Number: [Insert ID]
Contact: [Insert Phone/Email]