

[Date]

[Member Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

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

Dear [Member Name],

Welcome to [Insurance Company Name]. We are pleased to confirm that your health insurance coverage is now active. Thank you for choosing us to manage your healthcare needs.

Enclosed in this package, you will find the following important documents:

- Your Permanent Member ID Card
- The Policy Schedule (Summary of Benefits)
- The Policy Terms and Conditions Booklet
- A List of Network Hospitals and Providers
- Claim Procedures and Reimbursement Forms

Policy Details:

- **Policy Number:** [Policy Number]
- **Plan Type:** [Plan Name/Type]
- **Coverage Start Date:** [Start Date]

Please review these documents carefully to understand your coverage, limitations, and benefits. We recommend keeping your Member ID card in your wallet at all times, as you will need to present it when seeking medical services.

To manage your account online, please register at [Website URL] or download our mobile app. Through the portal, you can view your claims history, find nearby doctors, and download digital copies of your cards.

If you have any questions or notice any errors in your documents, please contact our Customer Service team at [Phone Number] or email us at [Email Address].

We look forward to serving you.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]