

[Date]
[Customer Name]
[Customer Address]
[City, State, Zip Code]

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

Dear [Customer Name],

Thank you for choosing [Insurance Company Name] for your healthcare coverage. We are pleased to welcome you as a policyholder.

Please find enclosed your Comprehensive Health Insurance Policy documents. We recommend that you review these documents carefully to understand your benefits, coverage limits, and the claims process. Your coverage is effective from [Start Date].

Package Contents:

- Policy Schedule (Summary of Cover)
- Detailed Policy Wordings
- Health Insurance ID Card
- List of Network Hospitals
- Claim Forms and Procedures

Please ensure that you carry your Health Insurance ID Card with you at all times to facilitate cashless hospitalization at our network providers.

Free-Look Period:

You have a "Free-Look Period" of [Number] days from the date of receipt of this letter to review the terms and conditions. If you are not satisfied, you may cancel the policy within this period for a refund of the premium, subject to any applicable deductions as per policy terms.

If you have any questions or require assistance, please contact our 24/7 helpline at [Phone Number] or email us at [Email Address].

Thank you for trusting us with your health protection.

Sincerely,

[Authorized Signatory Name]
[Title/Department]
[Insurance Company Name]