

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Delivery of Your Individual Health Insurance Policy - Policy No: [Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your health insurance needs. We are pleased to welcome you as a policyholder.

Please find enclosed your individual health insurance policy documents. We recommend that you review these documents carefully to understand your coverage, benefits, exclusions, and responsibilities. Specifically, please verify that your personal details and the coverage effective date are correct.

Key documents included in this package:

- Policy Schedule / Declarations Page
- Policy Certificate and ID Card
- Terms and Conditions Booklet
- Summary of Benefits and Coverage (SBC)
- Claim Forms and Procedures

Please note that there is a "Free Look Period" of [Number] days from the date you receive this policy. If you are not satisfied with the terms, you may return the policy within this period for a cancellation and premium refund, subject to the terms outlined in your contract.

If you have any questions or require any corrections to your documents, please contact our customer service department at [Phone Number] or email us at [Email Address].

We look forward to serving your healthcare needs.

Sincerely,

[Name of Sender/Department]

[Insurance Company Name]

[Contact Information]