

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

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

Dear [Policyholder Name],

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

Enclosed with this letter, you will find your primary health insurance policy documents. Please review these materials carefully, as they contain important information regarding:

- Your Schedule of Benefits
- Coverage limits and exclusions
- Claim filing procedures
- Your member identification card

We recommend that you keep these documents in a safe place for future reference. Please ensure you present your member ID card whenever you seek medical services.

If you have any questions regarding your coverage or notice any errors in the enclosed documents, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for trusting us with your healthcare protection.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

Enclosure: Health Insurance Policy Documents