

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Supplemental Health Insurance Policy Number: [Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your supplemental health insurance needs. We are pleased to formally deliver your insurance policy documents.

Enclosed you will find:

- Your Insurance Policy Schedule
- The Policy Certificate
- Summary of Benefits and Coverage
- Claim Submission Instructions

}

Please review these documents carefully to ensure you understand your coverage limits, exclusions, and the process for filing a claim. We recommend storing these papers in a secure location for future reference.

Please note that you have a [Number]-day "Free Look" period starting from the date you receive this package. If you are not satisfied with the policy for any reason, you may return it within this timeframe for a full refund of any premiums paid, provided no claims have been filed.

If you have any questions or need to make updates to your account, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for allowing us to support your healthcare coverage.

Sincerely,

[Agent/Representative Name]

[Title]

[Insurance Company Name]