[Current Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

Subject: Welcome and Delivery of Your Medicare Supplement Policy

Dear [Policyholder Name],

Welcome to [Company Name]. Thank you for choosing us for your Medicare Supplement insurance needs. We are pleased to inform you that your application has been approved.

Enclosed you will find your official insurance policy and your member identification card. Please review these documents carefully to ensure all information is correct and to understand your coverage benefits, limitations, and effective date.

Next Steps:

- Review your policy document and keep it in a safe place.
- Carry your new member ID card with you and present it to your healthcare providers along with your original Medicare card.
- Note your policy effective date: [Effective Date].

Please remember that you have a "Free Look" period of 30 days from the date you receive this policy. If you are not completely satisfied for any reason, you may return the policy within this timeframe for a full refund of any premiums paid.

If you have any questions regarding your coverage or if any information on your ID card needs to be updated, please contact our Customer Service Department at [Phone Number] or contact your agent, [Agent Name], at [Agent Phone Number].

We look forward to serving you.

Sincerely,

[Sender Name]
[Title]
[Company Name]