Date: [Insert Date]

Policy Number: [Insert Policy Number]
Insured Name: [Insert Insured Name]

Dear [Insert Name],

Thank you for choosing [Insert Company Name] for your Medicare Supplement insurance needs. We are pleased to provide you with your electronic insurance policy.

Accessing Your Policy:

You can view, download, and print your policy documents by clicking the secure link below or by logging into your member portal:

View Your Electronic Policy Here

Important Information:

- Review your policy carefully to ensure all information is correct.
- Keep a copy of these documents for your permanent records.
- Your "Right to Return" (Free Look Period) begins the day you receive this electronic notification. If you are not satisfied, you may return the policy within [Insert Number] days for a full refund of any premiums paid.

Next Steps:

Your physical ID card will be mailed to your home address within [Insert Number] business days. In the meantime, you may use the temporary ID card included in your digital policy package.

If you have any questions or would prefer to receive a paper copy of your policy at no additional cost, please contact our Customer Service Department at [Insert Phone Number] or email us at [Insert Email Address].

Sincerely,

[Insert Name/Department]
[Insert Company Name]