[Date]

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

Subject: Delivery of Your Upgraded Medicare Supplement Insurance Policy

Dear [Policyholder Name],

Thank you for choosing to upgrade your Medicare Supplement insurance coverage. We are pleased to provide you with your new policy documents.

Your Policy Details:

- **Policy Number:** [Policy Number]
- **New Plan Type:** [Plan Type, e.g., Plan G]
- **Effective Date:** [Effective Date]

Please review the enclosed policy carefully to understand your expanded benefits. This upgrade ensures that you have enhanced protection against out-of-pocket medical costs not covered by Original Medicare.

Next Steps:

1. Review the "Schedule of Benefits" page.
2. Replace your old ID card with the new one enclosed in this package.
3. Store these documents in a safe place.

If you have any questions regarding your new coverage or noticed any errors in your documents, please contact your agent or our customer service department at [Phone Number].

We appreciate the opportunity to continue serving your healthcare coverage needs.

Sincerely,

[Sender Name]
[Company Name]
[Title]