[Date]

[Applicant Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip]

Subject: Welcome and Delivery of Your Medicare Supplement Insurance Policy

Dear [Applicant Name],

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

Please find your official insurance policy enclosed with this letter. We recommend that you review this document carefully to understand your coverage, benefits, and any exclusions.

Important Information:

- **Policy Number:** [Policy Number]
- **Effective Date:** [Effective Date]
- **Premium Amount:** [Amount]
- **Payment Frequency:** [Monthly/Quarterly/Annual]

Next Steps:

1. **Review Your Policy:** You have a "Right to Return" period of [Number] days. If you are not satisfied for any reason, you may return the policy for a full refund of any premiums paid.
2. **ID Card:** Your member identification card is [enclosed/will arrive separately]. Please carry this card with you and present it to your healthcare providers along with your Medicare card.
3. **Keep This Safe:** Store this policy in a secure location for future reference.

If you have any questions regarding your coverage or notice any errors in your documents, please contact your agent, [Agent Name], at [Agent Phone Number], or call our Customer Service department at [Customer Service Phone Number].

We appreciate the opportunity to serve you and look forward to providing you with peace of mind regarding your healthcare costs.

Sincerely,

[Authorized Signature]
[Name/Title]
[Insurance Company Name]