[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Dear [Client Name],

As we discussed, I have conducted a review of your current Medicare Supplement (Medigap) coverage to ensure you are receiving the best value for your healthcare needs. Below is a comparison between your current plan and a potential alternative available in your area.

Current Plan Information

- **Insurance Carrier:** [Current Carrier Name]
- **Plan Type:** [e.g., Plan G]
- **Monthly Premium:** $[Current Premium Amount]

Proposed Alternative Information

- **Insurance Carrier:** [New Carrier Name]
- **Plan Type:** [e.g., Plan G]
- **Monthly Premium:** $[New Premium Amount]

Comparison Summary

By switching to the proposed plan, your estimated monthly savings would be **$[Savings Amount]**. Over the course of one year, this represents a total savings of **$[Annual Savings]**.

Please note that because Medicare Supplement plans are standardized by the government, the medical benefits for [Plan Type] are identical regardless of which insurance company provides the coverage. The primary difference is the monthly premium and the company's rate stability history.

Next steps: To move forward with this change, we will need to complete a new application. Depending on your state's regulations, medical underwriting may be required.

Please let me know how you would like to proceed or if you have any questions regarding these figures.

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]
[Email Address]