[Your Name/Agency Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

Dear [Recipient Name],

As your trusted advisor, my goal is to ensure you have the necessary information to make confident decisions regarding your healthcare coverage. With Medicare options changing frequently, I am writing to introduce myself as a resource for your Medicare Supplement (Medigap) needs.

Medicare Supplement plans are designed to help fill the "gaps" in Original Medicare, such as copayments, coinsurance, and deductibles. Choosing the right plan can provide you with more predictable monthly expenses and the freedom to see any doctor who accepts Medicare.

I can assist you with:

- Comparing different Medicare Supplement plan types.
- Reviewing your current coverage to ensure it still meets your needs.
- Explaining how Medicare Supplement plans work alongside Part A and Part B.
- Finding competitive rates from highly-rated insurance carriers.

My services are complimentary, and there is no obligation to enroll. I am here to provide clear, unbiased information so you can choose the path that best fits your lifestyle and budget.

If you have questions or would like to schedule a brief review of your options, please contact me at [Phone Number] or [Email Address].

Thank you for your continued trust. I look forward to assisting you.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/License Number]

Disclaimer: I am not connected with or endorsed by the United States government or the federal Medicare program. This is a solicitation for insurance.