[Date]

[Full Name]
[Business Name]
[Street Address]
[City, State, Zip Code]

Subject: Annual Health Coverage Renewal Period

Dear [Name],

This letter is to inform you that the annual renewal period for your health insurance coverage is approaching. As a sole proprietor, maintaining continuous coverage is essential for both your health and your business financial planning.

Renewal Details:

- Current Plan: [Plan Name/ID]
- Renewal Date: [Date]
- Deadline to Make Changes: [Date]

Actions Required:

1. **Review Your Current Plan:** Evaluate if your current coverage still meets your medical needs and budget.
2. **Verify Updated Premiums:** Note any changes to your monthly premium or deductible for the upcoming year.
3. **Update Income Information:** Ensure your projected business income is accurate to determine eligibility for any tax credits or subsidies.
4. **Confirm Enrollment:** If you wish to stay with your current plan, follow the instructions to auto-renew or manually confirm your selection.

If you wish to explore alternative plans or adjust your coverage, please visit [Website URL] or contact your insurance broker by [Date].

Failure to take action by the deadline may result in automatic renewal of your current plan or a lapse in coverage.

Sincerely,

[Insurance Provider/Agency Name]
[Contact Phone Number]
[Email Address]