[Date]

[Owner Name]
[Business Name]
[Business Address]
[City, State, Zip Code]

Re: Important Policy Updates for Sole Proprietorships

Dear [Owner Name],

We are writing to inform you of important updates to the [State Name] Health Benefit Exchange policies that may affect your coverage as a sole proprietor for the upcoming plan year.

As a sole proprietorship, please take note of the following changes:

- **Eligibility Verification:** New documentation requirements for verifying self-employment income.
- **Premium Tax Credits:** Updated income thresholds for subsidy eligibility.
- **Enrollment Deadlines:** The Open Enrollment period begins on [Start Date] and ends on [End Date].
- **Plan Options:** Changes to available provider networks and prescription drug formularies for small business and individual plans.

To maintain your coverage and ensure you are receiving the correct financial assistance, you must log in to your account at [Exchange Website URL] to review your information and select a plan during the Open Enrollment period.

If you have questions regarding how these updates impact your specific business structure, please contact our support center at [Phone Number] or visit our dedicated help page for self-employed individuals at [Website Link].

Sincerely,

[Sender Name/Department]
[State Health Exchange Name]