[Your Name]
[Your Company]
[Your Phone Number]
[Your Email Address]

[Date]

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

Dear [Client Name],

It was a pleasure meeting with you on [Date of Meeting] to discuss your Medicare options and finalize your coverage. I am glad we were able to find a plan that provides the security and benefits you need.

My goal is to ensure that all my clients feel confident and informed about their healthcare choices. If you found our session helpful, I would greatly appreciate it if you would share my contact information with any friends, family members, or colleagues who may be approaching age 65 or looking to review their current Medicare Supplement coverage.

Personal referrals are the highest compliment I can receive, and I promise to provide your referrals with the same dedicated service I have provided to you.

Thank you again for your trust and your business. Please do not hesitate to call if you have any questions regarding your new policy.

Best regards,

[Your Signature]

[Your Printed Name]