

Healthcare Plan Enrollment Confirmation

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to confirm your enrollment in our healthcare plan designed specifically for individuals with disabilities. Your well-being is our priority, and we are committed to providing you with the support and services you need.

Plan Details:

- Plan Name: [Insert Plan Name]
- Coverage Start Date: [Insert Start Date]
- Monthly Premium: [Insert Amount]
- Services Included: [List Key Services]

If you have any questions regarding your enrollment or benefits, please do not hesitate to contact our support team at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing our healthcare plan. We look forward to serving you.

Sincerely,

[Your Organization's Name]

[Your Name]

[Your Title]