

Enrollment Confirmation for Healthcare Plan

Date: [Insert Date]

Dear [Retiree's Name],

We are pleased to inform you that your enrollment in the [Healthcare Plan Name] has been successfully completed. As a valued retiree, your health and well-being are our top priorities, and we are committed to providing you with comprehensive healthcare coverage.

Plan Details:

- Plan Name: [Healthcare Plan Name]
- Effective Date: [Insert Effective Date]
- Monthly Premium: [Insert Premium Amount]
- Coverage Includes: [List of Coverage Benefits]

Next Steps:

Please review the enclosed plan documents for detailed information about your coverage options, benefits, and how to access services. Should you have any questions, feel free to contact our member services at [Contact Information].

Thank you for being a part of our community. We are here to support you in your healthcare journey.

Sincerely,
[Your Name]
[Your Position]
[Company/Organization Name]