

Healthcare Plan Enrollment Confirmation

Date: [Insert Date]

Dear [Recipient's Name],

Thank you for choosing our healthcare plan. We are pleased to confirm your enrollment as a self-employed individual in our health insurance program.

Your enrollment details are as follows:

- Enrollment ID: [Insert Enrollment ID]
- Plan Type: [Insert Plan Type]
- Coverage Start Date: [Insert Start Date]
- Monthly Premium: \$[Insert Amount]

Please review your plan details carefully and feel free to reach out if you have any questions or need further assistance.

Thank you for trusting us with your healthcare needs.

Sincerely,

[Your Company Name]

[Your Company Contact Information]