Healthcare Plan Enrollment Confirmation

Date: [Insert Date]

Dear [Student's Name],

We are pleased to inform you that your enrollment in the student healthcare plan has been successfully processed. Below are the details of your healthcare coverage:

Plan Information

- Plan Name: [Plan Name]
- Coverage Start Date: [Start Date]
- Coverage End Date: [End Date]
- Monthly Premium: [Premium Amount]

Next Steps

Please review the attached policy document for detailed information about your coverage, benefits, and how to access healthcare services.

Contact Us

If you have any questions or need further assistance, feel free to reach out to us at [Contact Information].

Thank you for being a part of our healthcare program!

Sincerely,

[Your Name]

[Your Title]

[Institution Name]