

Health Insurance Eligibility Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

This letter is to confirm the eligibility status of [Insured Person's Name] under the health insurance policy with the policy number [Policy Number].

We are pleased to inform you that [Insured Person's Name] is currently eligible for coverage under the specified policy and all relevant benefits are applicable as of [Effective Date].

If you require any further details or have any questions, please feel free to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]