

# Health Insurance Member Eligibility Check

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Representative's Name],

I hope this message finds you well. I am writing to request a eligibility check for health insurance coverage for the member listed below:

**Member Name:** [Member's Full Name]

**Policy Number:** [Policy Number]

**Date of Birth:** [Member's Date of Birth]

**Social Security Number:** [Member's SSN (if required)]

Could you please confirm whether this member is currently eligible for coverage under the policy mentioned above? I would appreciate it if you could provide any details regarding coverage levels, co-pays, or limitations.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]