

# Annual Healthcare Policy Renewal

Dear [Policyholder's Name],

We are writing to remind you that your healthcare policy will be up for renewal on [Renewal Date]. Below are the details of your current policy:

## Policy Details

- **Policy Number:** [Policy Number]
- **Coverage Type:** [Coverage Type]
- **Renewal Date:** [Renewal Date]
- **Premium Amount:** [Premium Amount]

## Action Required

Please review your policy details and confirm your intention to renew by [Confirmation Date]. If you wish to make any changes to your coverage, please contact us at your earliest convenience.

## Contact Information

If you have any questions regarding your policy or the renewal process, feel free to reach out to us:

- **Phone:** [Phone Number]
- **Email:** [Email Address]
- **Office Hours:** [Office Hours]

Thank you for choosing [Company Name] for your healthcare needs. We look forward to continuing to serve you.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]