

# Health Insurance Coverage Change Confirmation

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to confirm the recent change to your health insurance coverage effective [Effective Date]. Below are the details of your new coverage:

## New Coverage Details:

- Policy Number: [Insert Policy Number]
- Plan Type: [Insert Plan Type]
- Coverage Start Date: [Insert Start Date]
- Coverage End Date: [Insert End Date]

If you have any questions regarding your new coverage or need further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for being a valued member.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]