

Health Insurance Enrollment Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to confirm my enrollment in the health insurance plan for expatriates as of [Insert Enrollment Date]. I have completed all necessary documentation and submitted the required fees.

Policy Number: [Insert Policy Number]

Coverage Start Date: [Insert Date]

Coverage End Date: [Insert Date]

Please send me a copy of the policy document and any additional information regarding the coverage provided. I look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]