

Health Insurance Enrollment Confirmation

Date: [Insert Date]

Dear [Individual's Name],

We are pleased to confirm your enrollment in our health insurance plan. Your application has been successfully processed, and you are now covered under the plan effective from [Start Date].

Policy Details:

- Policy Number: [Insert Policy Number]
- Coverage Start Date: [Insert Date]
- Monthly Premium: [Insert Amount]

Please find attached the policy document that outlines your coverage, benefits, and important contact information. We encourage you to review this information carefully.

If you have any questions or need assistance, feel free to contact our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing us for your health insurance needs.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]