

# Health Insurance Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To: [Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally enroll in a health insurance plan as a self-employed individual. I understand the importance of having adequate health coverage and am keen to secure a policy that meets my needs.

Below are my details for your reference:

- Name: [Your Full Name]
- Date of Birth: [Your DOB]
- Social Security Number: [Your SSN]
- Occupation: Self-Employed [Your Profession]
- Annual Income: [Your Estimated Annual Income]

I am interested in the following coverage options:

- [Option 1]
- [Option 2]
- [Option 3]

Attached to this letter are the necessary documents including my identification and proof of income.

Please confirm the receipt of this enrollment request and provide me with any additional information or next steps necessary for the process.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]