

Health Insurance Enrollment Confirmation

Date: [Insert Date]

Dear [Student's Name],

We are pleased to inform you that your enrollment in the student health insurance plan has been successfully processed. Below are the details of your health insurance coverage:

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

Please review the enclosed information carefully and keep it for your records. Should you have any questions or require further assistance, feel free to contact our office at [Insert Contact Information].

Thank you for choosing our health insurance plan. We wish you a healthy and successful academic year!

Sincerely,

[Your Name]

[Your Title]

[Your Institution]