

Notification of Application Receipt

Date: [Insert Date]

Applicant Name: [Insert Applicant Name]

Address: [Insert Applicant Address]

Dear [Applicant Name],

We are pleased to inform you that we have received your application for Guaranteed Issue Life Insurance. Your application is currently being processed, and we appreciate your patience during this time.

Policy Details:

- Policy Number: [Insert Policy Number]
- Coverage Amount: [Insert Coverage Amount]
- Effective Date: [Insert Effective Date]

As a reminder, Guaranteed Issue Life Insurance does not require a medical exam, and coverage is guaranteed provided you meet the eligibility requirements.

If you have any questions regarding your application, please do not hesitate to contact our customer service team at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing [Insert Insurance Company Name]. We look forward to serving your insurance needs.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Insurance Company Name]

[Insert Contact Information]