

Health Insurance Enrollment Verification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative/Name],

I am writing to verify my enrollment in my health insurance plan. Below are my details:

- Full Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your Date of Birth]
- Effective Date: [Date Coverage Begins]

Please confirm my enrollment status at your earliest convenience. If you require any additional information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]