

Health Plan Renewal Notification

Date: [Insert Date]

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you that your current health plan, [Plan Name], is set to renew on [Renewal Date]. We appreciate your continued trust in us to provide your health insurance.

Please review the following details regarding your health plan renewal:

- **Plan Name:** [Plan Name]
- **Coverage Start Date:** [Coverage Start Date]
- **Monthly Premium:** [Premium Amount]
- **Deductible:** [Deductible Amount]

If you would like to make any changes to your plan or discuss your options, please do not hesitate to contact our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing [Company Name] for your health insurance needs. We look forward to continuing to serve you in the coming year.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Phone Number]

[Company Email]