

Confirmation of Excess Coverage Rebate Receipt

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to confirm the receipt of your excess coverage rebate in the amount of [Insert Amount]. This credit has been processed as of [Insert Date].

This rebate reflects the excess coverage you've maintained throughout [Insert Time Period]. We appreciate your continued trust in our services.

If you have any questions or need further assistance, please do not hesitate to contact us.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Contact Information]