

Short-term Health Insurance Proposal

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Client Name]

[Client Address]

[City, State, Zip Code]

Dear [Client Name],

Thank you for considering [Your Company Name] for your short-term health insurance needs. We are pleased to present you with the following proposal tailored to meet your requirements.

Plan Overview

Duration: [Insert Duration]

Coverage Amount: [Insert Coverage Amount]

Benefits

- Inpatient and Outpatient Care
- Emergency Services
- Prescription Medications
- Preventive Services

Monthly Premium

[Insert Monthly Premium Amount]

Exclusions

Certain exclusions apply, please refer to the attached policy document for more details.

We believe this short-term health insurance plan will provide you with the coverage you need. Please feel free to reach out with any questions or to discuss further.

Thank you for your consideration.

Sincerely,
[Your Name]
[Your Title]

[Your Company Name] | [Website URL]