

Temporary Health Coverage Offer

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that you are eligible for a temporary health coverage plan with [Company Name]. This offer is designed to provide you with essential healthcare services until you can secure a more permanent solution.

Your temporary health coverage will include:

- Preventative care services
- Emergency services
- Prescription drug coverage
- Access to a network of healthcare providers

The coverage will be effective from [Start Date] to [End Date]. You will be responsible for a monthly premium of [Insert Amount]. Please review the attached documents for more details about the plan, including benefits and limitations.

If you wish to accept this offer, please sign and return the enclosed acceptance form by [Response Deadline]. Feel free to contact us at [Company Phone Number] or [Company Email] if you have any questions.

Thank you for considering [Company Name] for your health coverage needs. We look forward to serving you.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]