

# Transitional Health Insurance Package

Date: [Insert Date]

Recipient Name: [Insert Recipient Name]

Recipient Address: [Insert Recipient Address]

Dear [Recipient Name],

We are pleased to inform you about the transitional health insurance package that is now available to you. This package has been designed to provide continuous coverage during the transition period.

The key features of the package include:

- Comprehensive medical coverage
- Access to a wide network of healthcare providers
- Affordable monthly premiums
- Flexible plan options to suit your needs

To enroll in the transitional health insurance package, please follow the instructions below:

1. Complete the attached enrollment form.
2. Submit the form via email or mail to [Insert Contact Information].
3. For any questions, contact our customer service at [Insert Phone Number].

We encourage you to take advantage of this opportunity to ensure your healthcare needs are met during this critical time.

Thank you for choosing [Your Company Name]. We look forward to supporting you throughout your healthcare journey.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]