

Dental Insurance Benefits Commencement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Position]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that your dental insurance benefits will commence on [Start Date]. This plan covers a variety of dental services including preventive, basic, and major services as per the policy details.

Please find attached the policy document that outlines your coverage details, including any applicable co-pays and deductibles.

If you have any questions regarding your benefits, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for choosing [Insurance Company Name] for your dental insurance needs.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]