

Dental Insurance Enrollment Confirmation

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to confirm your enrollment in our dental insurance plan. Your coverage will begin on [Insert Start Date]. Please find the details of your plan below:

Plan Information

- Member ID: [Insert Member ID]
- Plan Type: [Insert Plan Type]
- Coverage Level: [Insert Coverage Level]
- Primary Dentist: [Insert Dentist Name]

If you have any questions or need further assistance, please do not hesitate to contact our customer service team at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing us for your dental coverage!

Sincerely,

[Your Company Name]

[Your Title]

[Contact Information]