

Insurance Co-Payment Confirmation

Date: _____

To: [Employer's Name]

[Employer's Company Name]

[Employer's Address]

Dear [Employer's Name],

This letter serves as confirmation of the co-payment associated with the insurance plan for your employees.

Policy Number: _____

Co-Payment Amount: _____

Effective Date: _____

We appreciate your commitment to providing insurance coverage for your employees. If you have any questions or need further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Insurance Company Address]

[Insurance Company Phone Number]

[Insurance Company Email]