

Health Insurance Renewal Confirmation

Date: [Insert Date]

Dear [Policyholder's Name],

We are pleased to inform you that your health insurance policy #[Policy Number] has been successfully renewed for the term commencing on [Start Date] and ending on [End Date].

Your premium amount for this term is [Premium Amount]. Please ensure that your payment is made by [Payment Due Date] to avoid any interruption in coverage.

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

Thank you for choosing our health insurance services.

Sincerely,

[Your Company Name]

[Your Company Address]

[Your Company Phone Number]

[Your Company Email]