

Wellness Insurance Program Eligibility Inquiry

Your Name: [Your Name]

Your Address: [Your Address]

Your City, State, Zip: [Your City, State, Zip]

Email: [Your Email]

Phone Number: [Your Phone Number]

Date: [Date]

To Whom It May Concern,

I am writing to inquire about my eligibility for the Wellness Insurance Program. I would like to understand the criteria required for participation and any relevant details regarding the application process.

Could you please provide me with the necessary information and any forms that need to be completed? I appreciate your assistance in this matter.

Thank you for your time and attention. I look forward to your prompt response.

Sincerely,

[Your Name]