

Coverage Gap Notification

Date: [Insert Date]

To: [Recipient Name]

Address: [Recipient Address]

Dear [Recipient Name],

We are writing to inform you of a temporary coverage gap in your health insurance plan. Our records indicate that your current coverage is not in effect for the following dates:

- **Start Date of Gap:** [Start Date]
- **End Date of Gap:** [End Date]

During this time, you will not have access to the benefits outlined in your policy. We understand that this may cause inconvenience, and we encourage you to explore the following options:

1. Consider a short-term health insurance plan.
2. Contact us for potential solutions to minimize coverage interruptions.

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

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]