

# Student Insurance Coverage Expiration Notice

Date: [Insert Date]

To: [Student Name]

[Student Address]

Dear [Student Name],

We are writing to inform you that your student insurance coverage is set to expire on [Expiration Date]. It is important to review your options to ensure you maintain proper coverage.

If you wish to continue your coverage, please contact our office at [Phone Number] or visit [Website Link] for further information on renewal options.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Institution Name]

[Contact Information]