

Notification of Medical Insurance Status Change

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally notify you of a change in my medical insurance status. My name is [Your Name], and I am a student at [Your Institution] with student ID [Your Student ID].

Effective [Insert Effective Date], my medical insurance will be changed from [Old Insurance Provider] to [New Insurance Provider]. Please find the relevant details below:

Old Insurance Details:

- Provider Name: [Old Insurance Provider]
- Policy Number: [Old Policy Number]

New Insurance Details:

- Provider Name: [New Insurance Provider]
- Policy Number: [New Policy Number]

Attached to this letter are copies of my new insurance card and policy information for your records.

Please update my records accordingly and let me know if you need any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]