

# Confirmation of Family Coverage Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm the extension of family coverage for my health insurance plan. As per our recent discussions, my family's coverage will be extended until [End Date].

Thank you for your assistance in processing this extension. Please let me know if you require any further information or documentation.

Sincerely,

[Your Name]

[Your Policy Number]