

Medical Insurance Confirmation

Date: [Insert Date]

To: [Employer's Name]

[Employer's Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Employer's Name],

This letter serves as confirmation of your enrollment in the employer-sponsored medical insurance plan provided by [Insurance Company Name]. Your coverage details are as follows:

- **Employee Name:** [Employee's Name]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Effective Date]
- **Coverage Type:** [Type of Coverage]
- **Dependents Covered:** [List Dependents]

Please retain this letter for your records. If you have any questions regarding your insurance benefits or claims, feel free to reach out to the HR department or contact [Insurance Company Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]

[Your Contact Information]