

Medical Insurance Confirmation Letter

Date: [Insert Date]

To: [Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm that your family medical insurance coverage has been successfully activated. The details of your policy are as follows:

- **Policy Number:** [Insert Policy Number]
- **Coverage Start Date:** [Insert Start Date]
- **Family Members Covered:** [List Family Members]
- **Plan Type:** [Insert Plan Type]
- **Provider Network:** [Insert Provider Network]

Please ensure that you keep this letter for your records. Should you have any queries regarding your policy, do not hesitate to contact our customer service team at [Insert Contact Number] or [Insert Email Address].

Thank you for choosing [Insurance Company Name] for your family's health insurance needs.

Sincerely,

[Your Name]
[Your Position]
[Insurance Company Name]
[Company Contact Information]