

Medical Insurance Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Traveler's Name], holding the passport number [Passport Number], is enrolled in our medical insurance plan, effective from [Start Date] to [End Date].

The policy number is [Policy Number], and it provides comprehensive coverage for medical emergencies, hospitalization, and repatriation services while traveling internationally, including coverage for Covid-19 related issues.

For any inquiries regarding this policy, please contact us at [Insurance Company Contact Information].

We wish [Traveler's Name] a safe and pleasant journey.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Contact Information]