

Medical Insurance Confirmation

Date: [Insert Date]

[Retiree's Name]

[Retiree's Address]

[City, State, ZIP Code]

Dear [Retiree's Name],

We are pleased to confirm your enrollment in our medical insurance plan as a retiree. Below are the details of your coverage:

Policy Information

Policy Number: [Insert Policy Number]

Plan Type: [Insert Plan Type]

Effective Date: [Insert Effective Date]

Coverage Period: [Insert Coverage Period]

Contact Information

If you have any questions regarding your coverage, please feel free to contact us at:

Phone: [Insert Phone Number]

Email: [Insert Email Address]

Thank you for choosing us for your medical insurance needs. We wish you a healthy and fulfilling retirement.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]