Healthcare Enrollment Eligibility Notification

Date: [Insert Date]

[Recipient Name]
[Recipient Address]
[City, State, ZIP Code]

Dear [Recipient Name],

We are pleased to inform you that you have been determined eligible for healthcare enrollment under [Program Name]. This decision has been made based on the information provided in your application submitted on [Application Date].

Your eligibility details are as follows:

- Eligibility Start Date: [Start Date]
- Eligibility End Date: [End Date]
- Program Coverage: [Details of Coverage]

Please take a moment to review your eligibility information. Should you have any questions or require further assistance, do not hesitate to contact our office at [Phone Number] or [Email Address].

To complete your enrollment process, please visit [Enrollment URL] by [Enrollment Deadline].

Thank you for your attention to this matter. We look forward to supporting your healthcare needs.

Sincerely,

[Your Name]
[Your Title]
[Organization Name]
[Organization Contact Information]