

Health Insurance Coverage Confirmation

Dear [Recipient's Name],

This letter serves to confirm that you have active health insurance coverage through [Insurance Company Name]. The details of your coverage are as follows:

- Policy Number: [Policy Number]
- Effective Date: [Effective Date]
- Coverage Type: [Type of Coverage]
- Primary Insured: [Primary Insured's Name]
- Dependent Coverage: [Details of any dependents]

If you have any questions about your coverage or need further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[Phone Number]

[Email Address]