

Health Insurance Enrollment Notification

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

Dear [Recipient Name],

We are pleased to inform you that your application for health insurance enrollment has been successfully processed. Your coverage will begin on [Effective Date].

Here are the details of your health insurance plan:

- Plan Name: [Plan Name]
- Coverage Type: [Individual/Family]
- Premium Amount: [Premium Amount]
- Deductible: [Deductible Amount]

For any questions or further assistance, please do not hesitate to contact our customer service at [Customer Service Phone Number] or [Customer Service Email].

Welcome to our health insurance family!

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]