

# Annual Healthcare Coverage Renewal Notice

Date: [Insert Date]

Dear [Recipient's Name],

We hope this message finds you well. As part of our commitment to providing you with quality healthcare coverage, we would like to remind you that your annual healthcare coverage is up for renewal.

Your current plan details are as follows:

- Plan Name: [Insert Plan Name]
- Coverage Period: [Insert Coverage Period]
- Monthly Premium: [Insert Premium Amount]

To ensure continuous coverage, please review the enclosed information regarding any changes to your plan or premiums. If you wish to make changes to your current plan or if you have any questions, please do not hesitate to contact us by [insert contact method] or visit our website at [insert website URL].

We appreciate your trust in us for your healthcare needs and look forward to serving you in the upcoming year.

Thank you,

[Your Company Name]

[Your Company Contact Information]