

# Healthcare Plan Renewal Confirmation

Date: [Date]

Dear [Recipient's Name],

We are pleased to inform you that your healthcare plan has been successfully renewed for the upcoming year. Your continued commitment to your health is important to us, and we are here to support you.

## Details of your renewed plan:

- Plan Name: [Plan Name]
- Effective Date: [Effective Date]
- Premium Amount: [Premium Amount]
- Coverage Details: [Brief Description of Coverage]

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

Thank you for choosing [Company Name] for your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Phone Number]

[Company Email]