

# Healthcare Plan Renewal Notice

Date: [Insert Date]

Dear [Recipient's Name],

We hope this letter finds you well. We are writing to inform you that your individual healthcare plan is up for renewal on [Renewal Date]. As a valued member, we want to ensure you continue to receive the best coverage and support.

To review your current plan and explore any new options available, please visit our website or contact our customer service team at [Customer Service Phone Number]. The open enrollment period begins on [Open Enrollment Start Date] and ends on [Open Enrollment End Date].

If you decide to renew your plan, no action is necessary. Your existing coverage will continue, and you will receive a confirmation letter shortly after the renewal process is complete.

Thank you for choosing [Insurance Company Name]. We are here to help with any questions or changes you may need to make.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]