

Student Health Insurance Enrollment Confirmation

Date: [Insert Date]

Dear [Student's Name],

We are pleased to confirm your enrollment in the Student Health Insurance Plan for the academic year [Insert Year]. Your coverage is effective as of [Insert Effective Date].

Please find below the details of your enrollment:

- **Student ID:** [Insert Student ID]
- **Plan Name:** [Insert Plan Name]
- **Coverage Start Date:** [Insert Date]
- **Coverage End Date:** [Insert Date]

If you have any questions regarding your health insurance plan, please do not hesitate to contact our office at [Insert Contact Information].

Thank you for choosing our health insurance coverage. We wish you a healthy and successful academic year!

Sincerely,

[Your Name]

[Your Title]

[Institution Name]

[Contact Information]