

# 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 Academic Year]. Below are your enrollment details:

## Insurance Plan Details

- Plan Name: [Insert Plan Name]
- Policy Number: [Insert Policy Number]
- Effective Date: [Insert Effective Date]
- Expiration Date: [Insert Expiration Date]

## Coverage Information

Your health insurance plan includes coverage for:

- Doctor visits
- Emergency care
- Prescription medications
- Preventive services

## Next Steps

Please review the attached policy document for a complete breakdown of your coverage and benefits. If you have any questions or need further assistance, feel free to contact our office at [Insert Contact Information].

Thank you for ensuring your health and well-being while studying with us.

Sincerely,

[Your Name]

[Your Position]

[University/College Name]

[Contact Information]