

Verification of Student Health Insurance Enrollment

Date: [Insert Date]

[Your Institution's Name]

[Your Institution's Address]

[City, State, Zip Code]

Email: [Your Email Address]

Phone: [Your Phone Number]

To Whom It May Concern,

This letter is to verify that [Student's Full Name], a student at [Your Institution's Name], has enrolled in our health insurance plan for the [Insert Academic Year or Semester]. The details of the insurance coverage are as follows:

- Policy Number: [Insert Policy Number]
- Insurance Provider: [Insert Insurance Provider's Name]
- Coverage Period: [Start Date] to [End Date]

Should you require any further information or verification, please do not hesitate to contact our office at the phone number or email listed above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Institution's Name]