

Insurance Eligibility Criteria Confirmation

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you about the eligibility criteria for our insurance plans. Please review the following requirements to determine your eligibility:

- Age: Must be between [Minimum Age] and [Maximum Age] years.
- Residency: Must be a resident of [Specify Location/State].
- Health Status: Pre-existing conditions must be disclosed; certain conditions may be excluded.
- Occupation: Must not be engaged in high-risk professions as defined by our policy.
- Income Level: Must meet a minimum income requirement of [Insert Amount].

If you meet the above criteria, please proceed with the application process. Should you have any questions or require further information, feel free to contact us at [Insert Phone Number] or [Insert Email Address].

Thank you for considering our insurance services.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]