

Notification of Short-Duration Health Plan Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you of your recent request for a short-duration health plan. We appreciate your interest in our services and are committed to ensuring that you receive the best possible coverage for your needs.

Your request is currently being processed, and we will notify you within [insert time frame] once it has been reviewed. Please do not hesitate to reach out if you have any questions or require further assistance during this time.

Thank you for choosing [Your Company Name]. We look forward to serving you.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]