[Insert logo]

[Insert date]

[Covered individual's full name]
[Covered individual's]
[City], [State] [Zip code]

[Mr./Ms.] [Last name]:

This letter is to serve as confirmation that [insert policyholder's name] has an active health insurance policy in place with [insert name of insurance company]. This is [choose one) [an individual plan] [a group plan provided through (specify name of employer through which the group plan is offered)].

The policy number is [insert policy] and the effective date is [insert effective date]. The policy is issued to [specify the name of the insured]. The following dependents of the policyholder are covered under this policy:

- [First and last name of covered dependent]
- [First and last name of covered dependent]
- [First and last name of covered dependent]

My signature on this letter certifies that the above information is true and correct as of the date of this letter. If you require any additional information, please contact me at [insert email address] or [insert phone number, with extension if applicable].

Regards,

[Signature]

[Typed name of authorized insurance company representative]
[Job title]