\*\*Subject:\*\* Discontinuation of Medicare Policy

Dear [ClientFirstName] [ClientLastName],

We want to inform you that your current Medicare coverage may undergo significant changes or might no longer be available starting January 1st of the upcoming year. In some cases, your current insurance carrier may automatically enroll you in an alternative plan if your existing coverage is discontinued. However, if no alternative plans are available in your area, you will not be automatically enrolled.

We strive to proactively contact clients whose plans are changing or being discontinued. However, if you receive a notification from your insurance carrier indicating that your plan will no longer be available, please get in touch with our office as soon as possible.

Our team is here to answer any questions you may have and to support you through this transition. For more information about your current plan and benefits, please contact our customer service team at [Agency Phone Number] or toll-free at [Agency Toll-Free Number]. You can also reach us by email at [Agency Email Address].

We look forward to assisting you.

Sincerely,

Your [Your Agency Name] Service Team