[Client's Name]

[Client's Address]

[City, State, ZIP]

Subject: Important Information Regarding Medicare Annual Enrollment Period (AEP)

Dear [Client's Name],

I hope this letter finds you in good health and high spirits. As your trusted Medicare advisor, I wanted to reach out to you ahead of the upcoming Medicare Annual Enrollment Period (AEP) to provide you with some important information.

The Medicare Annual Enrollment Period, which runs from October 15th to December 7th, is a crucial time for Medicare beneficiaries like yourself to review and make changes to your existing Medicare coverage. During this period, you have the opportunity to make adjustments to your Medicare Advantage (Part C) or Medicare Prescription Drug (Part D) plans, ensuring that your healthcare needs are adequately met for the upcoming year.

I recommend reviewing your current coverage during the AEP to ensure it still aligns with your healthcare needs and budget. As your circumstances may have changed over the past year, it is essential to ensure that your Medicare plan continues to provide you with the best possible coverage at the most affordable cost.

I am here to assist you in this process. As your trusted advisor, I can provide you with personalized guidance and help you explore alternative plans that may better suit your needs. Please feel free to reach out to me at [your phone number] or [your email address] to schedule a convenient time for a consultation.

Additionally, I want to remind you to be cautious when sharing your Medicare number with other agents. As your dedicated advisor, I recommend considering all carriers and plans available to you. By working exclusively with me, you can ensure that your Medicare number remains confidential and that I can provide you with unbiased advice tailored to your specific needs.

The decisions you make during the AEP will determine your Medicare coverage for the upcoming year. It is essential to review your options carefully and make any necessary changes before the December 7th deadline.

Thank you for entrusting me with your Medicare needs. I am committed to providing you with the highest level of service and ensuring that you have the best possible coverage. Please do not hesitate to contact me if you have any questions or require assistance during the AEP.

Wishing you good health and happiness.

Sincerely,

[Your Name]