Dear _____,

I would like to thank you for making the decision to do business with us today. As an independent agent, I make sure that we look at all the different options that are available to you to protect your family from financial loss due to a sickness, injury or accident. ***As in every decision, there are many things to remember and this is why I have taken the time to send you this recap of what we did today.***

Please, remember that your policy/policies will come in separate packages because your insurance risk has been diversified amongst different insurance companies. Premiums will be deducted from your bank account on the chosen draft date indicated on your application(s). If you have questions about your draft date(s) please contact your agent immediately. EACH COMPANY LISTED BELOW WILL DRAFT YOUR BANK SEPARATELY.

If you have questions or concerns about the policies listed below, **please contact me within 24 hours of receiving this email.**

Please review the plan(s) that you have purchased below:

Health Insurance

Insurance Company	Product	*Monthly Premium*	*Effective/ Draft Date*	*Subsidy Amount*	*YOUR Premium*	*Application Fee*	*QHP or Non QHP**
Ex: ManhattanLife	**Ex: Affordable Choice**						

Application Fees are Nonrefundable - QHP= Qualified Health Plan

Income Protection, Dental/Vision/Hearing Plans, Life Insurance

Insurance Company	Product	Monthly Premium	Effective /Draft Date
Ex: Aetna	Ex: Cancer		
Ex: ManhattanLife	Ex: DVH		

I appreciate the opportunity to earn your business and with any insurance product you will have 10 days to review your policy and return it for a full refund if you are not completely satisfied. (Application fees are non-refundable) It is my job to make sure you are happy with and understand the policies you have purchased. **It is your contractual obligation to review your policy when you receive it and notify the insurance company or myself with any changes or corrections that need to be made.**

If you have any questions, please do not hesitate to contact me.

Thank you,

_____

Independent Agent

*STATE PENALTIES MAY APPLY TO THOSE WITHOUT QUALIFIED HEALTH INSURANCE (CA, DC,MA, NJ AND VT).
** Subsidy is dependent on the application that was submitted through Healthcare.gov with your agent. This information can only be determined by you the Client. Make sure to check your documents when you receive them and confirm the income is correct or you could have an issue with the Internal Revenue Service. THIS IS YOUR RESPONSIBILITY AND ONLY YOUR RESPONSIBILITY AS YOU ARE THE APPLICANT. At the time of application this was the subsidy amount that Healthcare.gov determined you, the applicant, qualified for.