

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

Kaiser Permanente

[Address of the Kaiser Permanente Office or Member Services]
[City, State, Zip Code]

Dear Kaiser Permanente Member Services,

Subject: [Your Subject, e.g., Inquiry About Health Plan Options]

I hope this letter finds you well. My name is [Your Name], and I am a member of the Kaiser Permanente health plan. I am writing to [briefly state the purpose of your letter, e.g., inquire about coverage options, request information regarding my benefits, etc.].

[Provide detailed information regarding your request or issue. Include any relevant policy numbers, dates, or personal health concerns if applicable.]

I would appreciate any information you could provide on this matter.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Member ID Number (if applicable)]