

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

Kaiser Permanente

[Wellness Program Address]  
[City, State, Zip Code]

Dear Kaiser Permanente Wellness Program Team,

I am writing to express my interest in enrolling in the Kaiser Permanente Wellness Program. After reviewing the program details, I believe it aligns perfectly with my health and wellness goals.

Please find my personal information below for your records:

- Full Name: [Your Full Name]
- Member ID: [Your Member ID]
- Date of Birth: [Your Date of Birth]

I would appreciate any further steps needed to complete my enrollment and look forward to participating in the various offerings provided by the program.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]