

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

Kaiser Permanente
[Office/Department Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally apply for coverage under the Kaiser Health Plan. I am interested in enrolling for the upcoming plan year and would like to provide you with my relevant information for processing my application.

Full Name: [Your Full Name]
Date of Birth: [Your Date of Birth]
Address: [Your Address]

Phone Number: [Your Phone Number]
Email Address: [Your Email Address]
Preferred Communication Method: [Phone/Email/Mail]

I am seeking coverage for myself and [list any dependents, if applicable]. [Optional: Briefly explain your reasons for choosing Kaiser Permanente].

Enclosed with this letter are the completed application forms, along with any required documentation. Please let me know if you need any further information or additional documentation.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]