

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

Kaiser Permanente

[Office Address]
[City, State, Zip Code]

Dear Kaiser Permanente Enrollment Team,

I am writing to formally submit my application for health insurance coverage through Kaiser Permanente. I have reviewed the options available and believe that your services align with my healthcare needs.

Please find enclosed my completed application form along with the necessary documentation required for processing. I am excited about the possibility of becoming a member and am eager to establish a relationship with your network of healthcare providers.

Should you require any additional information or clarification, please feel free to contact me at [your phone number] or [your email address].

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

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]