

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[MHS Genesis Enrollment Office]  
[Office Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: MHS Genesis Enrollment Application

I am writing to formally submit my application for enrollment in the MHS Genesis program. Please find my completed application form and the required documentation attached for your review.

As a [your rank or status, e.g., active duty service member, dependent, etc.], I understand the importance of maintaining my health records electronically and am eager to take advantage of the benefits MHS Genesis offers.

If you require any further information or clarification, please do not hesitate to contact me at [your phone number] or [your email address]. Thank you for considering my application. I look forward to your response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]