

[Your Company Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Authorization for Employee Benefits

I, [Your Name], [Your Position] at [Your Company Name], hereby authorize [Employee's Name], [Employee's Position], to access and manage their employee benefits on behalf of our organization.

This authorization includes the ability to:

- Review and make changes to benefit selections
- Access personal benefit information
- Submit necessary forms and documentation related to benefits

This authorization is effective from [Start Date] and will remain in effect until [End Date] or until otherwise revoked in writing.

If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Name]

[Your Position]

[Your Company Name]

[Contact Information]

[Company Website (if applicable)]