

[Your Company Letterhead]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Dear [Employee Name],

Subject: Health Insurance Benefits

We are pleased to inform you about your health insurance eligibility as a valued employee of [Company Name]. Below are the details regarding your health insurance coverage:

- ****Employee ID****: [Employee ID]
- ****Plan Name****: [Health Insurance Plan Name]
- ****Coverage Start Date****: [Start Date]
- ****Coverage Type****: [Individual/Family]
- ****Premium Contribution****: [Employee Contribution Amount]
- ****Covered Dependents****: [List of Dependents, if applicable]

Please review the attached documents for more information regarding your health insurance plan, including benefits, coverage, and how to enroll.

If you have any questions or need assistance, please do not hesitate to reach out to the HR department at [HR Contact Information].

Thank you for being a part of [Company Name].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Phone Number]

[Company Email]

[Attachment: Health Insurance Plan Details]