

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

Kaiser Permanente
[Relevant Department or Office]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name or "Benefits Coordinator"],
I hope this letter finds you well. I am writing to inquire about my
benefits under my Kaiser Permanente health plan. My member ID is [Your
Member ID].

I would like to request clarification on the following benefits:

1. [Specific benefit or service you are inquiring about]
2. [Additional benefit or service, if necessary]

If you could provide detailed information regarding coverage,
limitations, and any necessary steps I need to take to utilize these
benefits, I would greatly appreciate it.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,
[Your Name]