

[Your Company Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Confirmation of QHS Benefits

We are pleased to confirm that you are eligible to receive the following QHS benefits:

1. ****Health Insurance****: Comprehensive coverage including medical, dental, and vision.
2. ****Retirement Plan****: Participation in our 401(k) plan with company match options.
3. ****Paid Time Off****: [Specify number of days] days of vacation and [specify number of days] sick leave per year.
4. ****Wellness Programs****: Access to our wellness initiatives and resources.

Your effective date of benefits will begin on [Effective Date]. Please review the enclosed details for further information on enrollment and eligibility.

If you have any questions or require additional information, feel free to contact [HR contact name] at [HR contact phone number] or [HR contact email].

Thank you, and welcome to [Company Name]!

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Contact Information]