

[Your Name]
[Your Title]
[Your Company/Organization Name]
[Company Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Employee's Name]
[Employee's Title]
[Employee's Address]
[City, State, Zip Code]

Dear [Employee's Name],

I hope this letter finds you well. We are pleased to provide you with important information regarding your benefits under the Qualified Health Savings (QHS) plan.

****Summary of Benefits****

- ****Health Savings Account (HSA):**** Contributions made by both you and the company to help cover eligible medical expenses.
- ****Preventive Care Coverage:**** Routine check-ups and screenings at no cost to you.
- ****Telehealth Services:**** Access to healthcare professionals via phone or video at your convenience.
- ****Wellness Programs:**** Resources and support available to promote healthy living.

****Eligibility and Enrollment****

You are eligible to enroll in the QHS plan during the annual open enrollment period or within 30 days of a qualifying life event.

****Contribution Details****

For the upcoming plan year, the following contribution limits apply:

- Individual: \$[Amount]
- Family: \$[Amount]

****Important Dates****

- Enrollment Period: [Start Date] to [End Date]
- Plan Year: [Start Date] to [End Date]

Please review the enclosed materials for additional details about your benefits, or feel free to reach out to the HR department at [HR Contact Email/Phone Number] with any questions.

Thank you for being a valued member of our team.

Sincerely,

[Your Name]
[Your Title]
[Your Company/Organization Name]