

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

[Recipient Name]  
[Company/Organization Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for Adjustment of QHS Benefits

I hope this letter finds you well. I am writing to formally request an adjustment to my QHS benefits due to [briefly explain the reason for the adjustment request, e.g., changes in personal circumstances, discrepancies in previous statements, etc.].

My current benefits plan, as outlined in [reference specific document or agreement, if applicable], is [describe any relevant details about your current benefits]. However, I believe that an adjustment is necessary because [provide a detailed explanation of why the adjustment is needed].

I have attached [mention any supporting documents or evidence, if applicable] to substantiate my request. I would greatly appreciate your prompt attention to this matter and look forward to your response.

Thank you for considering my request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Job Title, if applicable]

[Employee ID or Reference Number, if applicable]