

Beneficiary Dependant Eligibility Update

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you about an update regarding the eligibility of your dependants for benefits under your policy.

Please provide the following information to help us update our records:

- Name of Dependant: [Insert Name]
- Date of Birth: [Insert Date of Birth]
- Relationship to the Beneficiary: [Insert Relationship]
- Provide any necessary documentation, if applicable.

It is important that this information is accurate to ensure that your dependants continue to receive the appropriate benefits. Please submit the requested information by [Insert Deadline].

If you have any questions, feel free to contact us at [Insert Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Company Contact Information]