

Beneficiary Eligibility Compliance Notice

Date: [Insert Date]

To: [Beneficiary's Name]

[Beneficiary's Address]

Dear [Beneficiary's Name],

We are writing to inform you about your eligibility status regarding [specific program or benefit]. Our records indicate that you are currently enrolled in this program as of [enrollment date].

Please be advised that in order to maintain your eligibility, you are required to comply with the following guidelines:

- [Guideline 1]
- [Guideline 2]
- [Guideline 3]

Failure to comply with these guidelines may affect your eligibility and the benefits you receive. We encourage you to review these requirements carefully.

If you have any questions or require further assistance, please do not hesitate to contact us at [contact information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]