

# Health Benefits Application

Date: [Insert Date]

To: [Insert Recipient Name]

[Insert Recipient Title]

[Insert Company/Organization Name]

[Insert Company Address]

[Insert City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally apply for individual health benefits as part of my employment with [Insert Company/Organization Name]. I would like to provide the necessary information and documentation to facilitate this process.

## **Applicant Information:**

**Name:** [Your Name]

**Address:** [Your Address]

**Phone Number:** [Your Phone Number]

**Email:** [Your Email]

**Employee ID:** [Your Employee ID]

## **Health Benefits Requested:**

[Briefly describe the type of health benefits you are applying for]

## **Documentation:**

[List any documents you are including with the application]

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me if you require any further information.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]