

# Request for Health Benefit Eligibility Details

[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],

I hope this message finds you well. I am writing to request information regarding my eligibility for health benefits under [specific program or plan name]. I would like to understand the details of my coverage and the process for accessing these benefits.

My identification number is [Your ID Number], and I am currently enrolled from [Enrollment Date]. If you require any further information to assist with my request, please do not hesitate to reach out.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]