

Request for Healthcare Benefits Enrollment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request enrollment in the healthcare benefits program offered by [Company/Organization Name]. As an eligible employee, I believe these benefits are essential to securing the well-being of myself and my family.

My employment details are as follows:

- Employee ID: [Your Employee ID]
- Position: [Your Position]
- Department: [Your Department]
- Date of Employment: [Start Date]

Please find attached any necessary documentation required for this enrollment. I would appreciate your prompt attention to this matter and any guidance on the next steps I need to take.

Thank you for your assistance.

Sincerely,

[Your Name]