

Confirmation of Healthcare Benefit Amendments

Date: [Insert Date]

To: [Board Director's Name]

[Board Director's Title]

[Company/Organization Name]

[Address]

Dear [Board Director's Name],

We are pleased to confirm the amendments made to the healthcare benefits as discussed during the recent board meeting. Below are the key changes that will take effect as of [Effective Date]:

- Increased coverage limit for [specific benefit].
- Introduction of [new benefit/service].
- Adjustment to premium contributions for employees and dependents.
- Enhanced mental health support services.

Please review the details and let us know if you have any questions or require further clarification.

Thank you for your continued commitment to [Company/Organization Name].

Sincerely,

[Your Name]

[Your Title]

[Company/Organization Name]

[Contact Information]