

Notification of Redundant Coverage

Date: [Insert Date]

Dear [Employee's Name],

We are writing to inform you about the review of your current benefits and coverage plan. After conducting a thorough assessment, we have identified that you hold redundant coverage under the [specific benefit name or program].

This redundancy may result in unnecessary expenses for you and the company. Therefore, we encourage you to take this opportunity to review your options regarding your coverage. A detailed explanation of your current coverage and potential adjustments is enclosed with this letter.

Please feel free to reach out to our HR department at [HR Contact Information] if you have any questions or would like to discuss your coverage options further.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]