

# Insurance Bonus Declaration

Date: [Insert Date]

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Dear [Participant's Name],

We are pleased to inform you that as a participant in our group insurance plan, you are eligible for a bonus declaration for the term ending [insert date].

The bonus amount is calculated based on [insert basis for calculation]. You will receive a total bonus of [insert bonus amount], which will be credited to your account by [insert date].

We appreciate your continued participation in our group insurance program. If you have any questions regarding this declaration, please do not hesitate to reach out to us.

Thank you for being a valued member of our program.

Sincerely,

[Your Name]

[Your Position]

[Company Name]