

# Group Health Insurance Enrollment Confirmation

Dear [Employee's Name],

We are pleased to confirm your enrollment in the Group Health Insurance Plan provided by [Company Name]. Your coverage will begin on [Start Date].

Below are the details of your enrollment:

- **Employee ID:** [Employee ID]
- **Plan Type:** [Plan Name]
- **Coverage Start Date:** [Start Date]
- **Premium Amount:** [Premium Amount]

If you have any questions or need further assistance, please do not hesitate to contact our HR department at [Contact Information].

Thank you for being a valued member of our team.

Sincerely,

[Your Name]  
[Your Job Title]  
[Company Name]