

# Group Insurance Enrollment Change Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip Code: [City, State, Zip Code]

Dear [Insurance Representative's Name],

I am writing to formally request a change to my group insurance enrollment details. My name is [Your Name], and my group policy number is [Policy Number].

The details of the requested changes are as follows:

- **Current Enrollment:** [Current Coverage Details]
- **Requested Changes:** [New Coverage Details]

Please find attached any required documentation that supports this change request. I request that this change be effective as of [Effective Date].

Thank you for your prompt attention to this matter. If you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Address]

[City, State, Zip Code]