

Group Insurance Enrollment Eligibility Inquiry

To: [Insurance Provider Name]

From: [Your Name]

Date: [Current Date]

Subject: Inquiry Regarding Group Insurance Enrollment Eligibility

Dear [Insurance Provider Contact Name],

I hope this message finds you well. I am writing to inquire about the eligibility criteria for enrolling in the group insurance program provided by [Company/Organization Name].

As an employee of [Your Company/Organization], I would like to understand the following:

- Who qualifies for enrollment in the group insurance?
- What documentation is required for enrollment?
- Are there specific deadlines for enrollment?

I appreciate your assistance in clarifying these points. Thank you for your attention to this matter.

Best regards,

[Your Name]

[Your Position]

[Your Contact Information]