

Group Insurance Enrollment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Provider's Name]

[Insurance Provider's Address]

[City, State, ZIP Code]

Dear [Insurance Provider's Name],

I am writing to formally request enrollment in the group insurance plan offered by [Company/Organization Name]. I understand that this coverage provides essential benefits, and I would like to take advantage of the options available to me.

Please find my personal information below for processing my enrollment:

- Employee ID: [Your Employee ID]
- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Email: [Your Email]
- Phone Number: [Your Phone Number]

If you require any additional information or documentation, please do not hesitate to contact me at your earliest convenience.

Thank you for your attention to this matter. I look forward to your prompt confirmation of my enrollment.

Sincerely,

[Your Name]