

Notification of Insurance Eligibility Changes

Date: [Insert Date]

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you of recent changes to your insurance eligibility that may affect your coverage.

Changes Effective As Of: [Insert Effective Date]

- Previous Eligibility Status: [Insert Previous Status]
- New Eligibility Status: [Insert New Status]

These changes are due to [brief explanation of the reason for the change, e.g., changes in employment status, policy renewals, etc.].

If you have any questions or need further assistance regarding your insurance eligibility, please do not hesitate to contact our office at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company]