

Employee Health Benefits Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

HR Department

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear HR Department,

I hope this message finds you well. I am writing to inquire about the eligibility of my dependents for health benefits under our current health insurance policy.

As an employee of [Company Name], I would like to confirm the requirements and documentation needed to enroll my dependents in the health benefits plan. Specifically, I am interested in understanding the following:

- Criteria for dependent eligibility
- Required documentation for enrollment
- Deadlines for enrollment

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Job Title]