

# Employee Health Benefits Inquiry

Date: [Insert Date]

To: [Insurance Provider/HR Department Name]

From: [Your Name]

Employee ID: [Your Employee ID]

Department: [Your Department]

Email: [Your Email]

Phone: [Your Phone Number]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the health benefits provided by our organization, specifically regarding coverage for [specific medical needs or conditions].

As an employee of [Company Name], it is important for me to understand the extent of the coverage included in our health benefits package so that I can make informed decisions regarding my medical care. I would appreciate it if you could provide detailed information about:

- Eligibility criteria for coverage
- Specific services or treatments included
- Any limitations or exclusions
- Process for pre-approval or claims

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

Sincerely,

[Your Name]