

Health Insurance Policy Change Notice

Date: [Insert Date]

To: [Business Partner's Name]

Company: [Business Partner's Company Name]

Dear [Business Partner's Name],

We hope this message finds you well. We are writing to inform you of an important change to our health insurance policy that may affect our partnership.

Effective [Effective Date], the following changes will be made to our health insurance policy:

- [Detail of Change 1]
- [Detail of Change 2]
- [Detail of Change 3]

We understand that these changes may raise questions or concerns, and we are here to assist you. Please do not hesitate to reach out to us at [Your Contact Information] for any clarifications.

Thank you for your understanding and continued partnership.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]