

# Health Care Premium Inquiry

Date: [Insert Date]

To: [Health Care Provider's Name]

[Health Care Provider's Address]

[City, State, Zip Code]

Dear [Health Care Provider's Name],

I hope this message finds you well. I am writing to inquire about the health care premium for my family coverage under our current plan. We have some questions regarding the premium rates, payment timelines, and any potential changes that may be forthcoming.

Specifically, I would like to know:

- The total monthly premium for our family plan
- Details on any upcoming changes to the premium amounts
- Payment options available and deadlines

Your assistance in providing this information would be greatly appreciated, as it will help us plan our finances effectively. Please feel free to reach me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]