

Letter Template for Demand for Family Health Coverage Cost Information

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request detailed information regarding the costs associated with family health coverage provided by [Company Name]. As I consider my options for coverage, it is crucial to have a comprehensive understanding of the associated costs to make an informed decision.

Please provide the following information:

- Monthly premium amounts for family coverage
- Deductibles and any out-of-pocket maximums
- Coverage details and any exclusions
- Any additional fees or copayments that may apply

Thank you for your attention to this request. I look forward to your timely reply.

Sincerely,

[Your Name]