

Eligibility Verification for Group Benefits

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We are writing to confirm your eligibility for the group benefits offered by [Company Name]. As of [Insert Date], you are eligible for the following benefits:

- Health Insurance
- Dental Insurance
- Vision Insurance
- Life Insurance
- Retirement Plan

Please ensure that you complete the necessary enrollment forms and submit them by [Insert Deadline]. If you have any questions regarding your eligibility or the benefits available, do not hesitate to reach out to our HR department at [Contact Information].

Thank you for being a valued member of our team.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Address]

[City, State, Zip Code]