

# Group Insurance Eligibility Assessment

Date: [Insert Date]

To: [Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We are writing to inform you about the eligibility assessment for group insurance coverage provided by [Company Name]. As part of our commitment to ensuring that all eligible employees have access to the benefits offered, we request your cooperation in completing this process.

Please review the following eligibility criteria:

- Employment Status: [Full-time/Part-time]
- Length of Service: [Minimum Duration]
- Other Requirements: [Any Additional Criteria]

To proceed with your assessment, please provide the following information:

1. Complete the attached eligibility form.
2. Submit any required documentation by [Submission Deadline].

If you have any questions regarding your eligibility or the process, please do not hesitate to contact our HR department at [HR Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]