

Group Insurance Eligibility Confirmation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Provider Name]

[Insurance Provider Address]

[City, State, Zip Code]

Dear [Insurance Provider Contact Name],

I hope this message finds you well. I am writing to request confirmation of my eligibility for group insurance coverage under the policy [Insert Policy Number] held by [Company/Group Name].

As a current employee/member, I would like to ensure that I have met all the necessary requirements to be eligible for coverage. Please provide me with details concerning my eligibility status and any additional information that may be needed.

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

Sincerely,

[Your Name]