

Letter of Objection

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally express my objection regarding the limitations imposed on the insurance coverage provided by [Company's Name]. After reviewing the insurance policy, I believe that the current coverage does not adequately address the needs of employees, particularly in the areas of [specify limitations, e.g., hospitalization, prescription drugs, mental health services].

It is essential for employees to have comprehensive coverage to ensure our well-being and productivity. I kindly ask that you reconsider the limitations and explore options to enhance our insurance benefits.

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

Sincerely,

[Your Name]