

Application for Adding Spouse to Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the addition of my spouse, [Spouse's Name], to my current health insurance coverage. As per the guidelines of our health insurance plan, I understand that I am eligible to add my spouse to my coverage.

Below are the details required for this application:

- Spouse's Name: [Spouse's Name]
- Date of Birth: [Spouse's Date of Birth]
- Social Security Number: [Spouse's SSN]
- Relationship: Spouse

Attached are the necessary documents to support this application:

- Copy of Marriage Certificate
- Spouse's Identification Proof

Please let me know if any further information or documentation is required. I appreciate your assistance in processing this request, and I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]