

Spousal Benefits Enrollment

Date: [Enter Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Recipient Name]

[Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to formally request enrollment in the spousal benefits program. As a current employee, I would like to ensure that my spouse, [Spouse's Name], is covered under the benefits provided.

Below are the necessary details for the enrollment:

- Employee Name: [Your Name]
- Employee ID: [Your Employee ID]
- Spouse Name: [Spouse's Name]
- Spouse Date of Birth: [Spouse's Date of Birth]
- Spouse Social Security Number: [Spouse's SSN]

Attached are the necessary documents, including a copy of our marriage certificate and [any other required documents].

Thank you for your attention to this matter. Please let me know if you need any further information.

Sincerely,

[Your Name]

[Your Job Title]

[Your Contact Information]