

# Supplemental Insurance Eligibility Revision Alert

Dear [Employee's Name],

We are writing to inform you about an important update regarding your supplemental insurance eligibility. After a recent review of our records, we have identified changes that may affect your current coverage.

The following changes will take effect on [Effective Date]:

- **New Eligibility Criteria:** [Details of new criteria]
- **Updated Benefits:** [Details of updated benefits]
- **Action Required:** [Instructions for action, if needed]

If you have any questions or require further assistance, 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 Job Title]

[Company Name]