

# Notification of Changes to Health Benefits

Dear [Employee's Name],

We are writing to inform you of important changes to your health benefits that will take effect on [Effective Date]. As part of our ongoing efforts to provide you with the best possible healthcare options, we have made the following adjustments:

- **Change 1:** [Description of the change]
- **Change 2:** [Description of the change]
- **Change 3:** [Description of the change]

We encourage you to review the enclosed materials for detailed information regarding your health benefits. If you have any questions or require further clarification, please do not hesitate to reach out to the HR department at [HR Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Position]  
[Company Name]