

Health Benefits Eligibility Criteria

Dear [Employee's Name],

We are pleased to inform you about the eligibility criteria for our health benefits program. To qualify for health benefits, you must meet the following requirements:

- **Employment Status:** Must be a full-time employee working a minimum of [X hours] per week.
- **Length of Service:** Must have completed at least [X months/years] of continuous service.
- **Age Requirement:** Must be at least [X years] of age.
- **Enrollment Period:** Must enroll during the designated open enrollment period.
- **Documentation:** Submit all required documentation, including proof of dependent eligibility if applicable.

For further information, please refer to our employee handbook or contact the HR department.

Thank you,

[Your Name]

[Your Job Title]

[Your Company]