

Health Insurance Coverage Request

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

[Employer's Name]

[Employer's Company Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally request information regarding the health insurance coverage options available through my employment at [Company's Name]. As I am currently assessing my healthcare needs, I would appreciate detailed information regarding the various plans offered, including coverage details, premiums, and enrollment deadlines.

Additionally, please let me know if there are any documents or forms I need to complete to facilitate this request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Employee's Name]

[Employee's Position]

[Employee's Contact Information]