

# **Inquiry About Health Insurance Eligibility**

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the eligibility criteria for health insurance coverage offered by [Company Name]. As I consider [start date/ enrolling in/ joining] the organization, understanding the health benefits available is important to me.

Could you please provide detailed information regarding:

- The eligibility requirements for health insurance.
- The types of health plans available to employees.
- Enrollment periods and deadlines.
- Any additional benefits that may be included.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]