

Request for Health Insurance Enrollment Information

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request information regarding the enrollment process for your health insurance plans. I am interested in understanding the available options, coverage details, and enrollment deadlines.

Could you please provide me with the necessary documentation and any additional resources that may assist in my decision-making process? I appreciate your help and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]