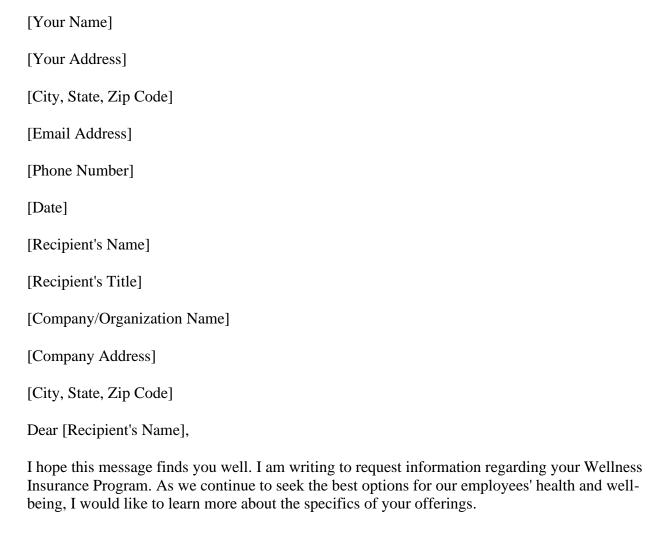
Request for Information: Wellness Insurance Program



Please provide details on the following:

- Program coverage options
- Eligibility criteria
- Cost details, including premiums and out-of-pocket expenses
- Additional services provided (e.g., wellness resources, fitness programs)
- The process for enrolling in the program

Thank you for your assistance. I look forward to your prompt response and appreciate your time in helping us inform our decision-making process.

Sincerely,

[Your Name]

[Your Position]

[Your Company/Organization Name]