

Request for Information: Wellness Insurance Program

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request information regarding your Wellness Insurance Program. As we continue to seek the best options for our employees' health and well-being, I would like to learn more about the specifics of your offerings.

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]