

Notice of Ending Group Life Insurance Benefits

Date: [Insert Date]

To: [Employee's Name]

Address: [Employee's Address]

Dear [Employee's Name],

We are writing to inform you that your group life insurance benefits will be ending on [Insert End Date]. This decision is in accordance with company policy regarding [insert reason, e.g., employment termination, policy changes, etc.].

It is important to review your options for individual life insurance coverage to ensure continued protection for you and your family. Should you wish to discuss this matter further, please don't hesitate to reach out to our HR department at [insert contact information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]