

Notification of Changes to Employee Health Insurance Plan

Date: [Insert Date]

Dear [Employee's Name],

We are writing to inform you of upcoming changes to our employee health insurance plan that will take effect on [Effective Date]. After careful consideration and in an effort to continue providing you with quality health coverage, we have made the following adjustments:

- **Plan Provider:** [New Plan Provider Name]
- **Monthly Premiums:** [New Premium Amount]
- **Deductibles:** [New Deductible Amount]
- **Covered Services:** [Brief list of any changes to covered services]

If you have any questions or need further assistance regarding these changes, please feel free to reach out to the HR department at [HR Contact Information]. We are here to help you navigate these changes.

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]