

Employee Health Benefits Eligibility Criteria

Dear [Employee's Name],

We are pleased to inform you about the eligibility criteria for our employee health benefits program. Please review the following guidelines to determine your eligibility:

Eligibility Criteria:

- Must be a full-time employee working a minimum of [number] hours per week.
- Must have completed [number] months of continuous employment.
- Must not be on an unpaid leave of absence.
- Must reside in [specific location, if applicable].

If you meet these criteria, you will be eligible to enroll in our health benefits program during the open enrollment period. For more information or to address any questions, please feel free to contact the HR department.

Best regards,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]