

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Human Resources Department
Company Name
Company Address
City, State, Zip Code

Dear Human Resources Manager,

I am writing to formally request the enrollment of my dependent(s) in the company's insurance plan. As a current employee, I would like to ensure that my dependents receive the necessary coverage afforded by our health insurance options.

Details of my dependent(s) are as follows:

- Name: [Dependent's Name]
- Date of Birth: [Dependent's Date of Birth]
- Relationship: [Dependent's Relationship to You]

Please let me know if any additional information or documentation is required to process this request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,
[Your Name]