

# Inquiry for Dependent Coverage Options

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Provider Name]

[Insurance Provider Address]

[City, State, Zip Code]

Dear [Insurance Provider Contact Name],

I hope this message finds you well. I am writing to inquire about the options available for dependent coverage under my current health insurance plan. As my family circumstances have changed recently, I am interested in understanding the specifics related to adding dependents to my policy.

Could you please provide me with the following information?

- Types of dependent coverage available.
- Eligibility requirements for dependents.
- Enrollment periods and deadlines.
- Any additional costs associated with adding dependents.
- Contact details for further assistance if needed.

Thank you for your assistance. I look forward to your prompt response so that I may make informed decisions regarding my coverage options.

Sincerely,

[Your Name]