

Notification of Family Coverage Extension

Date: [Insert Date]

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you that your family coverage under our health insurance plan will be extended. This extension is effective as of [Effective Date] and will continue through [End Date].

Details of the extended coverage:

- Coverage Type: [Specify Type]
- Dependents Covered: [List Dependents]
- Policy Number: [Insert Policy Number]

Should you have any questions regarding this extension or need further assistance, please do not hesitate to contact us at [Contact Information].

Thank you.

Sincerely,

[Your Name]

[Your Position]

[Company/Organization Name]