

Important Notice about Your Health Coverage

Dear [Beneficiary's Name],

We are writing to inform you about an important change in your health coverage effective [Transition Date]. Due to [Reason for Transition], your current health coverage plan will be transitioning to a new plan.

Your new health coverage plan will provide you with [Brief Overview of New Plan Features]. We want to ensure that this transition is as smooth as possible for you.

Key Information:

- **New Plan Name:** [New Plan Name]
- **Effective Date:** [Effective Date]
- **Coverage Details:** [Brief Coverage Information]

If you have any questions or require assistance during this transition, please do not hesitate to contact us at [Customer Service Phone Number] or [Email Address]. Our team is here to help you.

Thank you for your attention to this important matter.

Sincerely,

[Your Organization's Name]

[Your Organization's Contact Information]