

Health Coverage Transition Notification

Date: [Insert Date]

Dear [Contractor's Name],

We are writing to inform you about an important update regarding your health coverage as a contractor with [Company Name]. Effective [Effective Date], there will be a transition in the health coverage plan provided to you.

Your current health coverage plan will be replaced with [New Health Coverage Plan Name]. This new plan offers [briefly describe benefits of the new plan, e.g., lower premiums, additional coverage, etc.]. We believe that these changes will enhance your overall healthcare experience.

Please review the attached documentation for details about the new plan, including coverage options, benefits, and how to enroll. We encourage you to reach out to our HR department at [HR Contact Information] for any questions or further assistance.

Thank you for your continued partnership with [Company Name]. We are committed to supporting your health and well-being.

Sincerely,

[Your Name]
[Your Position]
[Company Name]
[Contact Information]