

# Health Coverage Transition for Dependents

Date: [Insert Date]

Dear [Dependents' Names],

We hope this letter finds you well. We are writing to inform you about important changes to your health coverage that will take effect on [Effective Date]. As part of our ongoing commitment to provide you with quality healthcare, we are transitioning your health coverage to [New Plan/Provider Name].

This transition will provide you with [briefly describe benefits of new coverage, e.g., broader network, enhanced benefits, etc.]. We encourage you to review the new plan details included with this letter to understand your coverage options and any actions you may need to take.

## What You Need to Do:

- Review the new plan information carefully.
- Enroll or re-enroll by [Enrollment Deadline].
- Contact [Contact Information] if you have any questions or need assistance.

Thank you for your attention to this important matter. We are here to support you during this transition.

Sincerely,

[Your Name]

[Your Position]

[Company/Organization Name]

[Contact Information]