

Health Coverage Transition Notification

Date: [Insert Date]

Dear [Employee Name],

We hope this message finds you well. We are writing to inform you about an important transition regarding your health coverage.

As part of our ongoing efforts to enhance employee benefits, we will be transitioning to a new health coverage plan effective [Insert Effective Date]. This change is designed to provide you and your family with improved healthcare options and support.

Here are the key details of the new health coverage plan:

- **New Provider:** [Insert Provider Name]
- **Coverage Start Date:** [Insert Start Date]
- **Benefits Overview:** [Brief Overview of Benefits]

We understand that change can bring questions, and we are here to help. We have scheduled an information session on [Insert Date and Time] to discuss the new plan in detail and answer any questions you may have.

For immediate inquiries, please contact [Insert Contact Information].

Thank you for your understanding and cooperation during this transition. We are excited to offer you enhanced benefits that meet your healthcare needs.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]