

Health Coverage Transition Notification

Date: [Insert Date]

Dear [Freelancer's Name],

We hope this message finds you well. We are writing to inform you of an important transition regarding your health coverage as a freelancer. As part of our ongoing efforts to provide better services, we will be changing the health insurance provider effective [Insert Effective Date].

Your current plan will be replaced with [New Insurance Provider Name]. This new plan offers [list benefits or improvements, e.g., reduced premiums, wider network of healthcare providers, etc.]. We believe this transition will greatly benefit you and your health care needs.

Details of your new coverage plan include:

- Policy Number: [Insert Policy Number]
- Coverage Start Date: [Insert Start Date]
- Monthly Premium: [Insert Premium Amount]

Please review the attached document for comprehensive information about your new plan, including coverage details and network providers. Should you have any questions or require assistance, do not hesitate to reach out to our support team at [Support Email] or [Support Phone Number].

Thank you for being a valued member of our community. We appreciate your trust in us with your health coverage needs.

Warm regards,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Contact Information]