

Health Coverage Transition Notification

Date: [Insert Date]

To: [Employee Name]

Position: [Employee Position]

Department: [Employee Department]

Dear [Employee Name],

We are writing to inform you about the upcoming transition of your health coverage as an international employee. As part of our ongoing efforts to provide you with the best possible benefits, we will be changing our health insurance provider effective [Effective Date].

Please review the following important details regarding your health coverage transition:

- **Current Provider:** [Current Provider Name]
- **New Provider:** [New Provider Name]
- **Coverage Start Date:** [Coverage Start Date]
- **Plan Options:** [Brief Description of Plans]
- **Contact Information:** [Provider Contact Details]

We encourage you to reach out to the new provider for any questions about your new plan options and coverage details. A representative will be available to assist you and ensure a smooth transition.

If you have any questions or need further assistance regarding this transition, please do not hesitate to contact the HR department at [HR Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]