

Health Coverage Transition Information

Dear [Employee Name],

Welcome to [Company Name]! We are excited to have you on our team. This letter serves as a formal notification about your health coverage options during your transition to our company.

Your health coverage will begin on [Start Date]. As a new hire, you will have the opportunity to enroll in our health insurance plan, which includes [briefly list benefits, e.g., medical, dental, vision]. During this transition period, we encourage you to review your options to choose the best fit for you and your family.

The enrollment period for your health plan is from [Enrollment Start Date] to [Enrollment End Date]. Please make sure to complete your enrollment by the deadline to avoid any gaps in your coverage.

If you have any questions or need assistance with the enrollment process, feel free to reach out to [HR Contact Name] at [HR Contact Email] or [HR Contact Phone Number]. We are here to help!

Thank you for joining [Company Name], and we look forward to a successful journey together.

Sincerely,

[Your Name]
[Your Position]
[Company Name]