

Health Coverage Transition Notification

Date: [Insert Date]

Dear [Employee's Name],

We hope this message finds you well. We are writing to inform you about an important change regarding your health coverage as a part-time employee at [Company Name].

As per our recent policy updates, effective [Insert Effective Date], your health coverage will transition from [Current Plan Name] to [New Plan Name]. This change is designed to [insert reason for transition, e.g., provide better benefits, ensure compliance, etc.].

Your new coverage will include [briefly outline key benefits of the new plan, e.g., lower premiums, expanded network, etc.]. Enclosed with this letter is a detailed summary of your new health plan options and enrollment instructions.

If you have any questions or require assistance during this transition, please do not hesitate to contact our HR department at [HR Contact Information]. We are here to support you through this change.

Thank you for your attention to this matter, and for your continued commitment to [Company Name].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Phone Number]