

Important Information Regarding Your Health Coverage Transition

Date: [Insert Date]

Dear [Retiree's Name],

As you prepare for your transition into retirement, we want to provide you with important information regarding your health coverage. Effective [Insert Transition Date], your health plan will change, and this letter outlines the details of your new coverage.

Current Coverage Details

- Plan Name: [Current Plan Name]
- Coverage Period: [Current Coverage Period]

New Coverage Details

- Plan Name: [New Plan Name]
- Effective Date: [New Coverage Start Date]
- Premium Cost: [New Premium Amount]

Next Steps

Please review the enclosed documentation for detailed information about your new health plan options. It is important to complete any required actions by [Insert Deadline].

If you have any questions about your health coverage transition, please feel free to contact our benefits office at [Insert Contact Information].

Thank you for your years of service, and we wish you a happy and healthy retirement!

Sincerely,

[Your Name]

[Your Title]

[Company/Organization Name]