

Insurance Benefits Adjustment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[HR Manager's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [HR Manager's Name],

I hope this message finds you well. I am writing to formally request an adjustment to my workplace insurance benefits. Upon reviewing my current coverage, I believe that an adjustment is necessary due to [briefly state reason, e.g., changes in dependents, health status, etc.].

Specifically, I would like to discuss the following adjustments:

- [Adjustment 1]
- [Adjustment 2]
- [Adjustment 3]

Thank you for considering my request. I am looking forward to your prompt response and hope to resolve this matter swiftly. Please feel free to contact me at your earliest convenience.

Sincerely,

[Your Name]