

Notification of Changes to Dependents Insurance Coverage

Date: [Insert Date]

To: [Employee's Name]

[Employee's Address]

Dear [Employee's Name],

We are writing to inform you of changes to your dependents insurance coverage, effective [Insert Effective Date]. These changes are based on [insert reason: changes in policy, employee request, etc.].

Details of Changes:

- Coverage Type: [Insert Coverage Type]
- New Premium Amount: [Insert New Premium Amount]
- Dependent(s) Affected: [List Dependents]
- Changes Overview: [Brief Overview of Changes]

If you have any questions regarding these changes or need further assistance, please feel free to contact our HR department at [HR Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Contact Information]