

Notification of Changes to Employee Health Benefits

Date: [Insert Date]

Dear [Employee's Name],

We are writing to inform you about important changes to our employee health benefits that will take effect on [effective date]. It is our commitment to ensure that you have access to the best possible healthcare options.

Summary of Changes:

- **Increased Coverage:** We have expanded coverage options for [specific services or treatments].
- **New Provider Network:** Starting [effective date], you will have access to a new network of healthcare providers.
- **Premium Adjustments:** Please be aware that employee premiums will be adjusted beginning [effective date].

We encourage you to review these changes carefully and visit our benefits portal for more detailed information. If you have any questions or need further assistance, please do not hesitate to contact our HR department at [HR contact information].

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Company Name]