

Important Notification About Your Healthcare Benefits

Dear [Employee's Name],

We hope this message finds you well. We are writing to inform you about some important changes to your healthcare benefits that will take effect on [Effective Date].

Summary of Changes:

- **New Provider:** [Name of New Healthcare Provider]
- **Coverage Changes:** [Brief Description of Coverage Changes]
- **Premium Adjustments:** [Details of Premium Adjustments]
- **Enrollment Period:** [Start and End Dates]

Please review the attached documentation for detailed information regarding these changes and how they may affect you. We encourage you to reach out to our HR department at [HR Contact Information] if you have any questions or concerns.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]
[Your Position]
[Company Name]
[Contact Information]