

Health Coverage Amendments Notification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you of important amendments to your health coverage effective [Effective Date]. Please find below the details of the changes:

Amendments Overview:

- **Coverage Benefit:** [Describe the benefit changes]
- **Premium Changes:** [Detail any changes in premiums]
- **Exclusions:** [List any new exclusions]

If you have any questions regarding these amendments or how they may affect your coverage, please feel free to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]