

Notification of Shift in Healthcare Options

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you of an important change concerning your healthcare options. Effective [Insert Effective Date], there will be a shift in the plans available to you.

New Healthcare Options

You will now have access to the following healthcare plans:

- [Plan 1 Name] - [Brief Description]
- [Plan 2 Name] - [Brief Description]
- [Plan 3 Name] - [Brief Description]

Actions Required

Please review the new options carefully and take the following actions:

1. Visit [Insert Link to Enrollment Page] to compare the plans.
2. Select your preferred option by [Insert Deadline].
3. Contact our support team at [Insert Phone Number or Email] if you have any questions.

We appreciate your attention to this matter and are here to help you through this transition.

Sincerely,

[Your Name]

[Your Job Title]

[Your Organization]