

# **Inquiry Regarding Dental Care Plan Benefits**

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to inquire about the dental care plan benefits available through your organization. I would like to understand the specific services covered, any associated costs, and the process for enrollment.

Additionally, if you could provide information on waiting periods, limitations, and any other pertinent details, I would greatly appreciate it.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]