

Health Benefits Adjustment Notification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that we have reviewed our health benefits package in accordance with your recent job offer for the [Job Title] position at [Company Name]. We understand the importance of comprehensive health coverage and wish to adjust the benefits to better suit your needs.

Effective [Effective Date], your health benefits will include:

- Medical coverage through [Insurance Provider]
- Dental and vision coverage
- Life insurance and disability benefits
- [Additional Benefits]

Please feel free to contact our HR department at [HR Contact Information] should you have any questions about these adjustments or need further information regarding your health benefits.

We look forward to welcoming you to our team and are excited about the contributions you will bring to [Company Name].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]