

# Health Benefits Rejection Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Employer's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Employer's Name],

Thank you for offering me the position of [Job Title] at [Company Name]. I appreciate the opportunity and the confidence you have in my abilities.

After carefully evaluating the health benefits offered as part of the compensation package, I regret to inform you that I must decline the offer due to specific personal circumstances that necessitate my need for a different health benefits structure.

I value the offer and hold [Company Name] in high regard, and I hope this decision does not affect the potential for future collaboration.

Thank you once again for the opportunity, and I wish [Company Name] continued success.

Sincerely,

[Your Name]