

# Benefit Plan Audit Discrepancies Report

Date: [Insert Date]

To: [Recipient's Name]

Title: [Recipient's Title]

Company: [Recipient's Company]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you of discrepancies identified during the audit of the [Plan Name] for the period ending [Audit Period]. Our findings detail the following issues that require your attention:

## Discrepancies Summary

Description	Amount	Notes
[Discrepancy 1]	[Amount]	[Notes]
[Discrepancy 2]	[Amount]	[Notes]

## Action Required

Please provide clarification regarding the above discrepancies by [Response Due Date]. We appreciate your prompt attention to this matter.

If you have any questions or require further information, feel free to reach out at [Your Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]