

Group Health Insurance Renewal Notification

Dear [Employee's Name],

We hope this message finds you well. We are writing to inform you that it is time to renew our group's health insurance policy.

The current policy will expire on [Expiration Date], and we are pleased to offer you the opportunity to renew your coverage without interruption.

Here are the key details of the renewal:

- **Insurance Provider:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Coverage Period:** [Start Date] to [End Date]
- **Premium Amount:** [Premium Amount]

Please review the attached documents for more information on the benefits and terms of the renewed policy.

To confirm your renewal, kindly respond by [Response Deadline] with any changes or updates to your current enrollment.

Thank you for being a valued member of our team.

Sincerely,
[Your Name]
[Your Title]
[Company Name]
[Contact Information]