

Health Coverage Transition Notification

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you about an upcoming transition in your health coverage. Effective [Start Date], [Name of New Plan or Provider] will be your new health insurance provider.

Below are key details regarding your transition:

- **Current Coverage:** [Details of Current Coverage]
- **New Coverage:** [Details of New Coverage]
- **Important Dates:** Coverage effective from [Start Date] to [End Date]
- **Contact Information:** For any questions, please reach out to [Contact Name] at [Phone Number] or [Email Address].

We appreciate your understanding and cooperation during this transition. Your health and wellbeing are our top priority.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]