

Dependent Coverage Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Provider's Name],

I am writing to inquire about the dependent coverage options available under my current health insurance plan, policy number [Your Policy Number]. I would like to understand more about the eligibility requirements, the process for adding a dependent, and any potential costs involved.

Specifically, I am interested in the following:

- Eligibility criteria for dependent coverage
- Required documentation for enrollment
- Effective date of coverage for newly added dependents
- Any additional premium costs associated with adding a dependent

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]