

Acknowledgment of Health Benefit Enrollment

Date: [Insert Date]

Dear [Employee's Name],

We are pleased to confirm your enrollment in the health benefits program for the year [Insert Year]. Your participation in the plan is important to us, and we appreciate your commitment to your health and well-being.

Below are the details of your enrolled health benefits:

- Plan Name: [Insert Plan Name]
- Coverage Start Date: [Insert Start Date]
- Coverage End Date: [Insert End Date]

If you have any questions regarding your health benefits or need further assistance, please do not hesitate to contact our HR department at [Insert Contact Information].

Thank you for your participation.

Sincerely,

[Your Name]
[Your Job Title]
[Company Name]