

Benefit Choice Confirmation

Date: [Date]

Employee Name: [Employee Name]

Employee ID: [Employee ID]

Department: [Department]

Dear [Employee Name],

We are pleased to confirm your selections for the employee benefits for the upcoming year. Below are the details of your chosen benefits:

Selected Benefits:

- Health Insurance: [Health Plan Name]
- Dental Insurance: [Dental Plan Name]
- Vision Insurance: [Vision Plan Name]
- Retirement Plan: [Retirement Plan Name]
- Additional Benefits: [Any Additional Benefits]

If you have any questions or require further assistance, please do not hesitate to reach out to the HR department.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]