

Insurance Benefit Confirmation

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to confirm your selected insurance benefit choices as part of your enrollment process. Below are the details of your chosen benefits:

Insurance Plan Details

- **Health Insurance Plan:** [Plan Name]
- **Dental Insurance Plan:** [Plan Name]
- **Vision Insurance Plan:** [Plan Name]
- **Life Insurance Plan:** [Plan Name]
- **Disability Insurance:** [Yes/No]

If you have any changes or questions regarding your selections, please feel free to contact us at [Contact Information].

Thank you for choosing us for your insurance needs.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Company Contact Information]