

[Company Name]

[Street Address]

[City, State ZIP Code]

[Phone Number]

[Date]

[Employee Name]

[Employee Position]

[Department]

[Employee Address Line 1]

[Employee Address Line 2]

[City, State ZIP Code]

Subject: Group Health Insurance Coverage Commencement Notification

Dear [Employee Name],

We are pleased to inform you that you are now eligible to participate in the company's group health insurance plan. Your health insurance coverage will commence as of **[Coverage Start Date]**, in accordance with our company's policy.

Enclosed, you will find details regarding your coverage, including your policy number, coverage options, and instructions for accessing your benefits. Please review this information carefully. Should you have any questions about your group health insurance coverage or require further assistance, please contact our HR Department.

We value your well-being and are committed to providing comprehensive health coverage for you as a valued member of our team.

Sincerely,

[HR Manager Name]

Human Resources Manager

[Company Name]