

[Company Name]

[Company Address Line 1]

[Company Address Line 2]

[City, State, Zip Code]

[Phone Number]

Date: [Date]

To:

[Employee Name]

[Employee Address Line 1]

[Employee Address Line 2]

[City, State, Zip Code]

Subject: Notification of Dependent Inclusion in Group Insurance Plan

Dear [Employee Name],

We are pleased to inform you that the following dependent(s) have been successfully included under your existing Group Insurance policy, effective [Effective Date]:

Dependent Name	Relationship	Date of Birth
[Dependent 1 Name]	[Relationship]	[DOB]

Kindly review the above information for accuracy. If any details require correction or if you have any questions regarding your coverage, please contact the Human Resources Department.

Thank you for your continued trust in our group insurance program.

Sincerely,

[Signature]

[Name of HR Representative]

[Job Title]

[Company Name]