

[Your Company Letterhead/Logo]

Date: _____

To,

The Manager,

[Insurance Company Name]

[Insurance Company Address]

Subject: Group Insurance Enrollment Intimation Letter

Dear Sir/Madam,

We wish to inform you regarding the enrollment of the following employee(s) under our group insurance policy. Kindly find the details below for your records and necessary action.

Employee Name	Employee ID	Date of Birth	Designation	Date of Joining	Sum Insured
[Name]	[ID]	[DD/MM/YYYY]	[Position]	[DD/MM/YYYY]	[Amount]

Kindly update your records and extend the insurance coverage to the above-mentioned employee(s) with immediate effect.

Please acknowledge receipt of this intimation and confirm the enrollment at the earliest.

Thank you,

For [Company Name]

Authorised Signatory

[Contact Details]