

Termination of Health Benefits Letter

Subject: Termination of Health Insurance Benefits

Dear [Employee Name],

We regret to inform you that your health insurance benefits under [Plan Name] will be terminated effective [Termination Date]. This action is in accordance with company policy due to [reason, e.g., employment status change, policy expiration].

Please ensure that any claims submitted before the termination date are processed in time. For further details regarding alternative coverage options, contact the HR department.

Sincerely,

[HR Manager Name]

[Designation]

[Company Name]

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