

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email]

[Date]

[Recipient Name or Benefits Department]  
[Company Name]  
[Company Address]

Subject: Request for Insurance Continuation - Early Retirement

Dear [Recipient Name],

I am writing to formally request the continuation of my [Health/Dental/Vision] insurance coverage following my early retirement from [Company Name], effective [Your Last Day of Work].

As per the company policy regarding early retirement benefits, I wish to enroll in the following options:

- [Option 1: e.g., Retiree Health Plan]
- [Option 2: e.g., COBRA Coverage]
- [Option 3: e.g., Life Insurance Conversion]

Please provide the necessary enrollment forms, a summary of the monthly premium costs, and instructions on how to set up recurring payments. I would also appreciate confirmation regarding the duration of this coverage and any specific eligibility requirements.

Thank you for your assistance in ensuring a smooth transition of my benefits. I look forward to receiving the documentation at your earliest convenience.

Sincerely,

[Your Signature]

[Your Printed Name]  
[Employee ID Number]