

[Company Name]  
[Human Resources Department]  
[Address]  
[City, State, Zip Code]

[Date]

[Employee Name]  
[Employee Address]  
[City, State, Zip Code]

## **Subject: Information Regarding Your Post-Retirement Health Benefits**

Dear [Employee Name],

Congratulations on your upcoming retirement from [Company Name]. As you transition into this next phase, we want to provide you with detailed information regarding your post-retirement health insurance coverage and benefits.

### **1. Coverage Options**

Based on your years of service and eligibility, you are entitled to the following options:

- [Option 1: e.g., Continued Group Health Plan]
- [Option 2: e.g., Medicare Supplemental Plan]
- [Option 3: e.g., Health Reimbursement Arrangement (HRA)]

### **2. Enrollment Deadline**

To ensure there is no gap in your coverage, you must submit your selection forms by [Date]. Your retirement benefits will officially commence on [Retirement Date].

### **3. Premium Costs**

Your monthly contribution for these benefits will be \$[Amount]. This amount will be [deducted from your pension / billed to you monthly].

### **4. Dependent Coverage**

[Details regarding whether spouses or dependents remain covered and any associated costs].

### **5. Action Required**

Please review the attached benefit summary booklet. To finalize your enrollment, please sign and return the enclosed "Retiree Benefit Election Form" to the HR department.

If you have any questions regarding these plans or need assistance with the forms, please contact the Benefits Office at [Phone Number] or via email at [Email Address].

Thank you for your many years of dedicated service to [Company Name]. We wish you a very happy and healthy retirement.

Sincerely,

[Signature]

[Name of Benefits Manager]

[Title]

Enclosures: [List of documents, e.g., Benefit Summary, Election Form]