[Date]

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

Subject: Notification Regarding Health Insurance Provider Change

Dear [Employee Name],

We are writing to formally notify you that [Company Name] will be changing our health insurance provider effective [Effective Date]. Our current coverage with [Old Insurance Provider Name] will terminate on [Termination Date].

After a thorough review of our benefits package, we have selected [New Insurance Provider Name] as our new carrier. This change was made to ensure we continue to offer competitive and sustainable healthcare options to our employees.

Please note the following important details regarding this transition:

- Current policies under [Old Insurance Provider Name] will no longer be active after [Date].
- New enrollment materials and plan summaries for [New Insurance Provider Name] are attached to this letter.
- Action is required: You must complete your new enrollment by [Deadline Date] to avoid a lapse in coverage.

We understand that a change in insurance providers can be a significant transition. We will be holding an information session on [Date] at [Time] in [Location/Link] to answer any questions regarding the new network, premiums, and coverage details.

If you have immediate questions, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Company Name]