[Date]

[Employee Full Name]
[Employee ID]
[Mailing Address]
[City, State, Zip Code]

Subject: Questionnaire Regarding Your Recent Career Change and Benefit Coverage Adjustment

Dear [Employee Name],

We are writing to acknowledge your recent career change/status update within [Company Name]. As a result of this life event, you may be eligible to adjust your current health and welfare benefit elections.

To process these changes accurately and ensure you have the appropriate coverage, please complete the following questionnaire and return it to the Human Resources Department by [Deadline Date].

Section 1: Event Details

1. Effective date of your new position/status change: [_____]

2. Please specify the nature of the change (e.g., Promotion, Transfer, Shift Change, Change from Part-Time to Full-Time):
[_____]

Section 2: Coverage Adjustments

3. Do you wish to add, remove, or modify any of the following? (Check all that apply):
[ ] Medical Insurance
[ ] Dental Insurance
[ ] Vision Insurance
[ ] Life Insurance / Disability
[ ] Flexible Spending Account (FSA) / Health Savings Account (HSA)

4. Are you adding or removing any dependents? [ ] Yes [ ] No
If yes, please list names and relationship:
[_____]

5. Do you have access to other group coverage through a spouse or secondary employer as a result of this change? [ ] Yes [ ] No

Section 3: Certification

I certify that the information provided is true and correct to the best of my knowledge. I understand that any changes made must be consistent with the qualifying life event.

Employee Signature: _____ Date: _____

Please submit this form along with any required supporting documentation (if applicable) to [HR Email Address] or via the employee portal.

Sincerely,

[Sender Name]
[Title]
[Company Name]