

[Date]

[Driver Name]

[Driver Address]

[City, State, Zip Code]

Subject: Transition of Life Insurance Coverage

Dear [Driver Name],

Our records indicate that you are transitioning from your current role as a Driver to a Provider role within [Company Name], effective [Date].

As a result of this transition, your eligibility for the Driver-specific Group Term Life Insurance plan will end on [Date]. However, as a Provider, you are now eligible for the Provider Life Insurance Plan.

Action Required:

- Review the attached Summary of Benefits for the Provider plan.
- Complete the enclosed enrollment/beneficiary designation form.
- Return the completed forms to the HR Department by [Deadline Date].

If you have any questions regarding your coverage amounts, premiums, or the transition process, please contact the Benefits Office at [Phone Number] or [Email Address].

Thank you for your continued service.

Sincerely,

[Sender Name]

[Title]

[Company Name]