

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Date]

[Recipient Name/HR Department]  
[Company Name]  
[Address]  
[City, State, Zip Code]

**Subject: Enrollment in Critical Illness Supplemental Insurance for High Deductible Health Plan (HDHP)**

Dear [Recipient Name],

I am writing to formally request the addition of a Critical Illness Supplemental Insurance policy to my current benefits package. As I am currently enrolled in the High Deductible Health Plan (HDHP), I wish to add this supplemental coverage to mitigate potential out-of-pocket financial risks associated with serious medical diagnoses.

Please find my election details below:

- **Employee Name:** [Full Name]
- **Employee ID:** [ID Number]
- **Coverage Level:** [Individual / Family / Employee + Spouse]
- **Benefit Amount Requested:** \$[Amount]
- **Effective Date:** [Date]

I understand that the premiums for this supplemental plan will be deducted from my payroll as discussed in the benefits summary. I have reviewed the plan details and confirm that this supplement is intended to cover non-medical costs and deductible gaps should a qualifying illness occur.

Please let me know if there are additional forms to sign or if further information is required to finalize this enrollment.

Sincerely,

[Signature]

[Your Printed Name]