[Date]

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

Subject: New Benefit - Term Life Insurance Coverage Offer

Dear [Employee Name],

We are pleased to announce a new addition to your employee benefits package. Effective [Date], [Company Name] is offering a new Term Life Insurance plan to provide financial security for you and your family.

Plan Details:

- **Coverage Amount:** [Enter Amount, e.g., $50,000 or 2x Salary]
- **Provider:** [Insurance Carrier Name]
- **Monthly Cost:** [Enter Amount or "Employer Paid"]
- **Guaranteed Issue:** [Yes/No] (No medical exam required during initial enrollment)

This coverage is designed to provide peace of mind and protection during your period of employment. You also have the option to add supplemental coverage for yourself or your dependents at a group rate.

How to Enroll:

Please review the attached plan summary. To accept or decline this coverage, you must complete the enrollment process through [Online Portal Link/HR Office] by [Deadline Date].

If you have any questions regarding this new benefit, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of HR Representative]
[Company Name]