

[Company Name/Insurance Provider Name]

[Address Line 1]

[Address Line 2]

[Date]

To: [Employee/Policy Holder Name]

Subject: Confirmation of Beneficiary Addition

Dear [Name],

This letter is to formally confirm that your request to add a family member as a beneficiary to your [Policy Type/Plan Name] has been processed and approved.

The following individual has been successfully added to your records:

- **Full Name:** [Beneficiary Full Name]
- **Relationship:** [Relationship, e.g., Spouse, Child]
- **Date of Birth:** [DOB]
- **Effective Date:** [Date]

Please review the details above to ensure they are correct. If any information is inaccurate, please contact the HR Department or our member services team at [Phone Number] or [Email Address] within [Number] days.

You may view your updated beneficiary designations at any time by logging into your online portal at [Website Link].

Thank you for keeping your records up to date.

Sincerely,

[Your Name/Department Name]

[Title]

[Company Name]