

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

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

Subject: Confirmation of Changes to Health Insurance Benefits

Dear [Employee Name],

This letter serves as formal confirmation regarding the changes to your health insurance coverage. As requested/discussed, your benefits have been adjusted, resulting in a reduction of coverage effective [Date].

Summary of Changes:

- **Current Plan:** [Name of Current Plan]
- **New Plan/Reduced Level:** [Name of New Plan/Level]
- **Premium Adjustment:** Your new employee contribution will be \$[Amount] per [Pay Period].
- **Key Changes in Coverage:** [List major changes, e.g., higher deductible, removal of vision, etc.]

Please note that these changes may affect your out-of-pocket costs and provider network access. We encourage you to review the attached Summary of Benefits and Coverage (SBC) for full details on your updated plan.

If you have any questions regarding these changes or how they impact your payroll deductions, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Name]
[Title]
[Company Name]