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

[Date]

[HR Representative Name or Benefits Department]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Notification of Life Event - Addition of Dependent to Health Coverage

Dear [HR Contact Name],

I am writing to formally notify you of a qualifying life event regarding my family status. We recently welcomed a new child to our family, and I would like to update my employee benefits and insurance coverage to include our new dependent.

Please find the relevant details below:

- **Employee Name:** [Your Full Name]
- **Employee ID:** [Your ID Number]
- **Child's Name:** [Child's Full Name]
- **Date of Birth:** [Child's Date of Birth]
- **Requested Effective Date of Coverage:** [Date of Birth]

I have attached the [Birth Certificate / Hospital Discharge Papers] as proof of the life event. Please let me know if there are additional forms I need to complete or if further documentation is required to finalize this enrollment.

Thank you for your assistance with this update.

Sincerely,

[Your Signature]

[Your Printed Name]