

[Date]

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

Subject: Spousal Life Insurance Coverage Assessment

Dear [Employee Name],

We are currently conducting a periodic review of our group life insurance records to ensure all covered dependents meet the eligibility requirements defined by our policy. Our records indicate that you currently have Spousal Life Insurance coverage for [Spouse Name].

To maintain this coverage, we kindly request that you complete the following assessment:

1. Current Marital Status: Please confirm if you are still legally married to the individual listed above.

Yes No

2. Other Coverage: Does your spouse have primary life insurance coverage through their own employer?

Yes No

3. Dependent Eligibility: To your knowledge, has there been any change in your spouse's status that would affect their eligibility under our plan?

Yes No

Please sign and return this form to the Human Resources Department by [Deadline Date]. If we do not receive a response by this date, we may be required to suspend the spousal portion of your insurance coverage until your records are updated.

If you have recently experienced a change in marital status (such as divorce or legal separation), please contact us immediately as this constitutes a qualifying life event.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]

Employee Acknowledgment:

I certify that the information provided above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____