[Your Full Name]
[Employee ID Number]
[Your Department]
[Date]

To: [HR Department / Benefits Administrator Name]
[Company Name]
[Company Address]

Subject: Request for Addition of a New Dependent to Health Insurance Plan

Dear [Name of Administrator],

I am writing to formally request the addition of a new dependent to my current health insurance and benefits coverage. This request is being made due to a qualifying life event.

Please find the details of the dependent below:

- **Full Name:** [Dependent's Full Name]
- **Relationship to Employee:** [e.g., Spouse, Newborn Child, Adopted Child]
- **Date of Birth:** [MM/DD/YYYY]
- **Social Security Number:** [SSN - if required for form]
- **Effective Date of Coverage:** [Date of Life Event]

I have attached the required supporting documentation, [Name of Document, e.g., Birth Certificate, Marriage License], to this letter for your review.

Please let me know if there are any additional forms I need to complete or further information required to process this update. Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]