

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Reminder: Group Health Insurance Monthly Premium Payment

Dear [Employee Name],

This is a friendly reminder regarding your monthly premium contribution for the group health insurance plan for the period of [Month/Year].

Payment Details:

- **Plan Type:** [Plan Name]
- **Premium Amount Due:** [Amount]
- **Due Date:** [Date]

If you have opted for automatic payroll deduction, no further action is required. If you pay via manual transfer or check, please ensure your payment is processed by the due date to avoid any lapse in coverage.

Please contact the HR department at [Phone Number] or [Email Address] if you have any questions regarding your benefits or this payment.

Sincerely,

[Your Name]

[Your Title]

[Company Name]