

[Date]

[HR Department Name / Benefits Administration]

[Company Name]

[Company Address]

Subject: Notification of Dependent Addition and Authorization for Premium Deduction

Dear [HR Contact Name or Benefits Team],

I am writing to formally request the addition of my dependent to my employer-sponsored health insurance plan. This change is due to a qualifying life event: [Reason, e.g., birth of a child, marriage, or legal adoption].

Dependent Information:

Full Name: [Dependent's Full Name]

Date of Birth: [MM/DD/YYYY]

Relationship to Employee: [Spouse/Child]

Effective Date: [Date of Event]

I understand that adding this dependent will result in an increase in my monthly health insurance premiums. I hereby authorize [Company Name] to deduct the additional premium amount from my payroll on a [weekly/bi-weekly/monthly] basis, effective from the date listed above.

Attached to this letter are the required supporting documents ([e.g., birth certificate, marriage license]).

Please confirm once the enrollment process is complete. If you require any further information, you may contact me at [Phone Number] or [Email Address].

Sincerely,

[Employee Signature]

[Printed Name]

[Employee ID Number]