

Subject: Notification of Dependent Coverage Addition - Marriage

To: [Human Resources Department / Benefits Administrator]

From: [Employee Name]

Date: [Current Date]

Dear [Name of Benefits Contact],

I am writing to formally notify you of a recent change in my marital status and to request the addition of my spouse to my employer-sponsored health insurance and benefits plan.

The details regarding this life event are as follows:

- Date of Marriage: [Date]
- Spouse's Full Name: [Spouse's Name]
- Spouse's Date of Birth: [Spouse's DOB]
- Spouse's Social Security Number: [Spouse's SSN]

I have attached a copy of our marriage certificate as required documentation for this qualifying life event. Please let me know if any additional forms are necessary to complete this enrollment or if there are any changes to my premium deductions.

Thank you for your assistance with this matter.

Sincerely,

[Employee Signature]

[Employee Printed Name]

[Employee ID Number]