

[Date]

[Employee Name]

[Employee ID]

[Home Address]

[City, State, Zip Code]

Subject: Confirmation of Dependent Coverage Adjustment - Childbirth

Dear [Employee Name],

This letter confirms that we have processed your request to add your newborn child to your health insurance plan following the recent birth.

Updated Enrollment Details:

- **Dependent Name:** [Child's Name]
- **Date of Birth:** [Child's Date of Birth]
- **Coverage Effective Date:** [Effective Date]
- **Benefit Plan:** [Plan Name, e.g., Family Medical Plan]

Please note that your payroll deductions will be adjusted to reflect the change from [Old Coverage Level] to [New Coverage Level]. This adjustment will appear on your paycheck dated [Date].

New insurance cards reflecting the updated coverage should arrive via mail within [Number] business days. If you have not provided the Social Security Number for your dependent yet, please submit it to the HR department as soon as it becomes available.

If you have any questions regarding your benefits or the enrollment process, please contact the Human Resources Department at [Phone Number] or [Email Address].

Congratulations on your new addition to the family.

Sincerely,

[Name of Benefits Administrator]

[Title]

[Company Name]