

Date: [Current Date]

To: [HR Department / Benefits Provider Name]

From: [Your Full Name]

Employee ID: [Your Employee ID Number]

Policy Number: [Your Policy Number]

Subject: Notification of Qualifying Life Event: Divorce/Legal Separation

Dear Benefits Administrator,

I am writing to formally notify you of a qualifying life event regarding my marital status. I have recently undergone a [divorce / legal separation], which became effective on [Date of Divorce/Separation Decree].

In accordance with this change, I would like to request the following adjustments to my benefit elections:

- Removal of my former spouse, [Former Spouse's Name], from my health, dental, and vision insurance plans.
- Review and update of my beneficiary designations for life insurance and retirement accounts.
- [Optional: Adjustment of tax withholding or Flexible Spending Account contributions].

Attached to this letter, please find a copy of the [Divorce Decree / Separation Agreement] as required documentation to process these changes.

Please let me know if there are additional forms I need to complete or if further information is required to finalize these adjustments within the enrollment window. I look forward to receiving confirmation once these changes have been processed.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]