

[Date]

[Employee Name]

[Employee ID]

[Address]

[City, State, Zip Code]

Subject: Confirmation of Benefits Adjustment due to Retirement

Dear [Employee Name],

This letter confirms that we have processed your benefits coverage adjustment following your retirement, effective [Retirement Date]. This change has been categorized as a Qualifying Life Event.

As per your request and eligibility, the following changes have been made to your coverage:

- **Medical Insurance:** [Details of change/termination]
- **Dental Insurance:** [Details of change/termination]
- **Vision Insurance:** [Details of change/termination]
- **Life Insurance:** [Details of change/termination]

Please note the following important information regarding your transition:

**COBRA/Health Continuity:** [Insert information about COBRA enrollment or retiree health plans if applicable].

**Pension/401(k) Distributions:** [Insert contact information for retirement fund administrators].

**Final Paycheck:** Your final paycheck, including any accrued vacation payout, will be issued on [Date].

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

We thank you for your years of service and wish you the very best in your retirement.

Sincerely,

[Signature]

[Name of Benefits Administrator]

[Company Name]