

[Current Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notification of Coverage Adjustment - Medicare Eligibility

Dear [Employee Name],

We are writing to acknowledge that a Qualifying Life Event (QLE) has been recorded regarding your eligibility for Medicare. This letter outlines the adjustments to your employer-sponsored health coverage.

Event Type: Medicare Eligibility / Enrollment

Effective Date of Change: [Date]

Summary of Changes:

- **Enrollment Status:** Your participation in [Name of Health Plan] will be [updated/terminated] effective [Date].
- **Premium Adjustments:** Your payroll deductions for health insurance will change from \$[Old Amount] to \$[New Amount] per pay period.
- **Secondary Coverage:** Since you are now eligible for Medicare, your employer-sponsored plan will coordinate benefits as the [Primary/Secondary] payer.

Action Required:

Please review your updated benefit summary via the employee portal. If you intend to decline or drop your employer-sponsored coverage in favor of Medicare Part B and/or a Medicare Supplement, you must submit the [Form Name] by [Deadline Date].

If you have questions regarding how your current plan works alongside Medicare, please contact the HR Benefits Department at [Phone Number] or [Email Address].

Sincerely,

[Name]

[Title]

[Company Name]