

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Delivery of Corporate Health Insurance Policy and Benefit Guide

Dear [Employee Name],

We are pleased to provide you with your official health insurance policy documents as part of the [Company Name] employee benefits program. Our partnership with [Insurance Provider Name] ensures that you and your eligible dependents have access to comprehensive medical coverage.

Enclosed in this package, you will find:

- **Health Insurance E-Card / Physical Card:** To be presented at network hospitals for cashless treatment.
- **Policy Summary:** An overview of your coverage limits, room rent eligibility, and co-payment terms.
- **Benefit Guide:** A detailed manual explaining how to utilize your benefits.
- **Network Hospital List:** A directory of healthcare providers where you can avail of cashless services.

Quick Guide to Using Your Insurance:

1. **Cashless Claims:** Present your insurance card and a valid photo ID at any network hospital.
2. **Reimbursement Claims:** If you visit a non-network hospital, notify [Insurance Provider] within 24 hours. Submit all original bills and discharge summaries to the HR department within 15 days of discharge.
3. **Mobile App:** Download the [Insurance Provider App Name] to view your digital card and track claims in real-time.

Please review the attached documents carefully. Should you have any questions regarding your coverage or the enrollment of dependents, please contact the HR Benefits Team at [HR Phone Number] or [HR Email Address].

To your health and well-being,

Sincerely,

[Sender Name]

[Title]

[Company Name]