

[Company Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Date]

[Employee Name]  
[Employee Address]  
[City, State, Zip Code]

**Subject: Annual Health Insurance Policy Renewal and Benefits Update**

Dear [Employee Name],

We are writing to inform you that your health insurance policy is scheduled for renewal on [Renewal Date]. [Company Name] remains committed to providing comprehensive healthcare coverage for you and your family.

**Policy Information:**

- **Provider:** [Insurance Carrier Name]
- **Plan Type:** [Plan Name/Type]
- **Policy Number:** [Policy Number]
- **Effective Period:** [Start Date] to [End Date]

**Summary of Benefits and Changes:**

For the upcoming plan year, please note the following updates to your coverage:

- **Deductibles:** [Details of any changes to deductible amounts]
- **Premiums:** [Details of employee contribution changes, if any]
- **Network Updates:** [Information on new or removed providers/hospitals]
- **Additional Benefits:** [Details on wellness programs, dental, or vision additions]

**Required Action:**

If you wish to maintain your current coverage without changes, [Action required, e.g., no action is needed/you must confirm via the portal]. If you wish to change your plan or add/remove dependents, please complete the enrollment forms by [Deadline Date].

You can view the full Summary of Benefits and Coverage (SBC) at [Link to Portal/Website] or request a paper copy from the HR Department.

If you have any questions regarding your benefits or the renewal process, please contact [HR Name/Department] at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]  
[Title]  
[Company Name]