Date: [Insert Date]

To: [Freelancer Name]
Address: [Freelancer Address]

Subject: Supplemental Dental and Vision Coverage Options

Dear [Freelancer Name],

As a valued freelance partner of [Company Name], we want to ensure you have access to resources that support your health and well-being. While our standard contracts do not include employee benefits, we are pleased to provide information regarding supplemental dental and vision coverage available to independent contractors.

Available Plans:

- **Dental Coverage:** Includes routine cleanings, X-rays, and discounted rates on major procedures.
- **Vision Coverage:** Includes annual eye exams and allowances for prescription glasses or contact lenses.

How to Enroll:

You can review plan details, compare monthly premiums, and enroll directly through our preferred provider portal at: [Insert Link/URL].

Important Information:

- Enrollment is entirely voluntary.
- Premiums are the sole responsibility of the freelancer.
- Coverage is portable and stays with you regardless of your project status with [Company Name].

If you have any questions regarding the enrollment process, please contact [Department/Contact Name] at [Phone Number/Email].

Best regards,

[Your Name]
[Your Title]
[Company Name]