

[Date]

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

# Welcome to Your Group Health Benefits

Dear [Employee Name],

We are pleased to welcome you to the [Company Name] Group Health Benefits program. Your enrollment has been successfully processed, and your coverage is effective as of [Effective Date].

Your benefits package includes the following plans:

- Medical Insurance: [Plan Name/Provider]
- Dental Insurance: [Plan Name/Provider]
- Vision Insurance: [Plan Name/Provider]
- [Additional Benefit]: [Provider]

## Next Steps:

- **ID Cards:** You will receive your physical insurance ID cards via mail within [Number] business days. Digital copies can be accessed through the [Provider Name] portal.
- **Provider Network:** To find an in-network doctor, please visit [Website URL] and create your member account.
- **Review Your Summary:** Please review the attached Summary of Benefits and Coverage (SBC) for details on co-pays, deductibles, and out-of-pocket maximums.

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

Welcome to the team!

Sincerely,

[Name]  
[Title]  
[Company Name]