**Insurance Termination Letter to Employee**

horizontal line

**Karen White  
Human Resources Manager  
Tech Innovations Inc.  
4567 Digital Way  
Springfield, IL, 62702  
Email: k.white@techinnovations.com  
Phone: (555) 123-4567  
Date: [Date]**

**Dear [Employee’s Name],**

As part of our ongoing review of employee benefits and company policies, we regret to inform you that your current insurance coverage under the company-sponsored health plan will be terminated, effective [Termination Date]. This decision was not made lightly and is part of broader changes to our benefits program aimed at aligning with the company's strategic objectives and financial considerations.

Please understand that this termination does not reflect individual performance or value to the company. We recognize the importance of health insurance and are committed to assisting you during this transition. To this end, we have outlined several options and resources available to you:

* **COBRA Continuation Coverage:** You are eligible to continue your existing health insurance coverage under COBRA. Further information on this option and enrollment details will be provided separately.
* Alternative Insurance Plans: Our benefits team is available to discuss alternative health insurance options and provide guidance on selecting a new plan that suits your needs.
* **Health Insurance Marketplace:** You may also explore health insurance options available through the Health Insurance Marketplace. Our HR department can provide resources and assistance in navigating this process.

We sincerely apologize for any inconvenience this may cause and are here to support you through this transition. Please do not hesitate to reach out to the HR department with any questions or for further assistance.

Thank you for your understanding and cooperation.

**Sincerely,  
Karen White  
Human Resources Manager**