**LETTER TO CONFIRM A HEALTH INSURANCE PAYMENT**

[Senders Name]
[Address line]
[State, ZIP Code]

[Letter Date]

[Recipients Name]
[Address line]
[State, ZIP Code]

[Subject: Normally bold, summarizes the intention of the letter] -Optional-

Dear [Recipients Name],

The new policy regarding the payment of health insurance by our company has been subjected to some confusion. It is to eliminate any confusion regarding the matter. Starting from June 6, ABC will be paying the employee premium that is part of a $600 deductible plan devised with BE Health Care. The consequential additional premium is solely the responsibility of the employee if he or she wishes for a lower deduction or additional coverage of a dependent or a family member.

We understand that health insurance is a great benefit, and we sincerely desire to cover all the employees and the dependents. If the sales goals for this year are accomplished, then coverage of this level might be possible. Your cooperation is appreciated.

Sincerely,

[Senders Name]
[Senders Title] -Optional-

[Enclosures: number] - Optional -
cc: [Name of copy recipient] - Optional -