[DATE]

Contact Name

Address

Address2

City,

State/Province

Zip/Postal Code

**RE: CHANGE IN OUR EMPLOYEE MEDICAL AID COVER**

Dear [CONTACT NAME],

As from [DATE] there will be a change in our employee Medical Aid coverage.

Each year our broker, [ BROKER NAME], performs an audit of all our policies and funds to help control company health care expenses. The outcome of this year’s audit, means we will be keeping [ASSUROR NAME] as carrier but switching to one of their alternative plans to prevent health costs from spiralling out of control.

The coverage is nearly identical to the current plan, with [NUMBER] exception:

* The deductible per illness has been raised from [AMOUNT] to [AMOUNT]
* [LIST EXCEPTIONS]

Although having [A HIGHER DEDUCTIBLE] is not a positive change, there are other aspects of the change that compensate. We can afford to keep our private major medical plan with [ASSUROR NAME], enabling our employees to continue to be reimbursed while choosing the physicians and other health care providers they prefer. Without this plan readjustment, we probably would have been forced into the situation where you would be restricted to a short list of health service providers, which in our recent employee survey the majority of you said you did not want. The new plan permits you to keep seeing your regular doctors and have the visits paid for.

The modified coverage will be in force effective [DATE]. If you have any questions, call me at [NUMBER] or email me via company mail at [ADDRESS].

Kind Regards,

[YOUR NAME]

[YOUR TITLE]

[YOUR PHONE NUMBER]

[YOUREMAIL@YOURCOMPANY.COM]