

This letter is to confirm that **[Employee's Full Name]**, a current employee of **[Employer's Company Name]**, will be unable to obtain medical coverage through our company from **January 1, 2026, through December 31, 2026.**

The reason for this ineligibility is:

☐ Our company does not offer medical coverage.

☐ The employee does not meet eligibility criteria for coverage under our health plan.

☐ Other (please specify): \_\_\_\_\_

If you have any questions or need further information, please feel free to contact us at **[Your Contact Information]**.

Thank you for your cooperation.

Sincerely,