

(Employer Name)

(Street Address)

(City, State, Zip)

Date: _____

Coventry Public Schools

Attn: Andi Rioles, HR Manager

1675 Flat River Road

Coventry, RI 02816

RE: [EmployeeName] Health Insurance Coverage:

This letter serves as confirmation that [EmployeeName] currently has, or will have, health insurance coverage through [EmployerName] effective _____, 2016.

Required Documentation

Response

Coverage Effective Date

[InsertCoverageEffectiveDate]

Individual Coverage

[YesORNo]

Cost of Coverage for Individual per Paycheck

[InsertCost\$]

of Paychecks per Year

[InsertNumber#]

[AdditionalComments]

Sincerely,

[Your Name] [Title] [PhoneNumber] [EmailAddress]

Please return *immediately* to Andi Rioles, HR Manager:

Mail: Coventry Public Schools

email: RiolesAndi@coventryschools.net

Attn: Andi Rioles, HR Manager

1675 Flat River Road

Coventry, RI 02816