

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We are pleased to announce that the Open Enrollment period for Employee Benefits will begin on [Start Date] and end on [End Date]. This annual event is your opportunity to review and make changes to your benefits for the upcoming year.

During Open Enrollment, you can:

- Enroll in or change your health insurance plan
- Add or drop dependents from your coverage
- Review and adjust other benefits, such as dental, vision, and retirement plans

To assist you in this process, we will be hosting informational sessions on [dates/times] where you can learn more about your options. We encourage you to take the time to review the benefits guide attached to this letter to help you make informed decisions.

Please remember that any changes you make during this period will take effect on [Effective Date]. If you do not make any changes, your current coverage will automatically renew for the following year.

If you have any questions, please do not hesitate to reach out to [Benefits Coordinator's Name] at [Benefits Coordinator's Email] or [Phone Number].

Thank you for your attention to this important matter. We look forward to supporting you through the Open Enrollment process.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Contact Information]