

[Your Name]
[Your Title]
[Your Company/Organization]
[Company Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Employee's Name]
[Employee's Title]
[Employee's Address]
[City, State, Zip Code]
Dear [Employee's Name],

Subject: Benefits Open Enrollment Period

We are pleased to announce that the open enrollment period for our employee benefits program will begin on [start date] and end on [end date]. This is an important time for you to review your current benefits and make any necessary changes to your coverage.

During this open enrollment window, you will have the opportunity to:

- Enroll in new benefits
- Make changes to existing coverage
- Review plan options and pricing

Please take the time to explore the benefits available to you, including health insurance, dental and vision plans, life insurance, and retirement options. More detailed information regarding benefits options, plan comparisons, and instructions on how to enroll will be provided in an upcoming Benefits Guide.

We encourage all employees to participate and make informed choices based on their individual and family needs. If you have any questions or require assistance, feel free to contact [HR contact person or department] at [HR contact email/phone number].

Thank you for your attention to this important matter, and we look forward to supporting you in your benefits selection.

Sincerely,
[Your Name]
[Your Title]