

[Your Company Letterhead]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Dear [Employee Name],

Subject: Annual Open Enrollment Notification

We are pleased to announce that the annual open enrollment period for your benefits will commence on [start date] and will conclude on [end date]. During this time, you will have the opportunity to review and make changes to your current health insurance plans, dental and vision coverages, and other benefits.

**\*\*Key Details:\*\***

- **\*\*Open Enrollment Period:\*\*** [start date] to [end date]
- **\*\*Plan Options:\*\*** [briefly list available plans]
- **\*\*Enrollment Process:\*\*** [describe how to enroll or make changes, e.g., online portal, HR contact]

We encourage you to take the time to evaluate your current benefits and explore any new options available for the upcoming year. Our benefits team will be hosting informational sessions on [dates/times] to answer any questions you may have.

Please ensure that any changes you wish to make are completed by [end date] to ensure coverage starting from [effective date].

Thank you for your attention to this important matter. If you have any questions, do not hesitate to reach out to [HR contact information].

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Contact Information]