

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We are pleased to invite you to participate in our annual Open Enrollment period for [Year]. This is your opportunity to review and make changes to your benefits plan for the upcoming year.

**\*\*Open Enrollment Period:\*\***

Start Date: [Start Date]

End Date: [End Date]

During this time, you can enroll in or make changes to your health, dental, vision, and other benefits. We encourage you to take this opportunity to assess your current coverage and explore the options available to you.

**\*\*Important Information:\*\***

- **\*\*Benefits Fair:\*\*** Join us for our Benefits Fair on [Date and Time] at [Location]. Representatives will be available to answer your questions.

- **\*\*Enrollment Resources:\*\*** Please visit [Website or Portal Link] for detailed information about the benefits available and instructions on how to enroll.

Don't miss out on this important opportunity to ensure you and your family are adequately covered. If you have any questions or need further assistance, please feel free to reach out to [HR Contact Name] at [Contact Information].

Thank you,

[Your Name]

[Your Position]

[Your Company Name]

[Contact Information]