

[Your Company Letterhead]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Dear [Employee Name],

We are pleased to announce that the open enrollment period for [Year] will begin on [Start Date] and will end on [End Date]. During this time, you will have the opportunity to review and make changes to your benefits selections for the upcoming year.

Please take this opportunity to:

1. Review your current benefits and coverage.
2. Explore new options available to you.
3. Make any necessary changes to your health insurance, dental, vision, and other benefits.

To assist you in this process, we will be hosting informational sessions on the following dates:

- [Date and Time]
- [Date and Time]
- [Date and Time]

Please RSVP by [RSVP Deadline] to [RSVP Contact Information].

Additionally, you can access detailed information about our benefits offerings and the enrollment process by visiting [Company Intranet/Website Link].

If you have any questions or need assistance, feel free to reach out to [Benefits Coordinator/HR Contact] at [Contact Information].

Thank you for your attention to this important matter. We encourage you to make informed decisions regarding your benefits.

Best regards,

[Your Name]

[Your Job Title]

[Company Name]

[Company Contact Information]