

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

I hope this message finds you well. I am writing to inform you that the open enrollment period for health benefits 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 current health benefits plan.

Please take some time to consider your options, as well as any changes in your personal circumstances that might affect your health care needs. We encourage you to review the benefits guide enclosed with this letter, which details all available plans and their coverage options.

Additionally, we will hold an informational session on [date and time] in [location/virtual link], where you can learn more about the different plans and ask any questions you may have.

To enroll or make changes, please complete the enrollment form included in the packet and submit it to [designated person or department] by [submission deadline].

Should you have any questions or need assistance with the enrollment process, do not hesitate to reach out to [HR contact name] at [HR contact email] or [HR contact phone number].

Thank you for your attention to this important matter.

Best regards,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Job Title]  
[Your Company Name]