

[Your Organization's Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

Subject: Open Enrollment Period Notification

We are pleased to announce that the open enrollment period for our employee benefit programs will take place from [start date] to [end date]. This is your annual opportunity to review and make changes to your benefits options for the upcoming year.

During this period, you will be able to:

- Enroll in new health, dental, and vision insurance plans
- Change your current insurance coverage
- Add or remove dependents from your plans
- Review and update additional benefits such as life insurance and retirement contributions

To assist you in the decision-making process, we will host [information sessions/workshops] on [dates/times] where you can learn about the available plans and ask questions. You will also receive benefits enrollment materials outlining the options available to you.

Please remember that any changes you make during this open enrollment period will take effect on [effective date]. If you do not make any changes by the end of the open enrollment period, your current coverage will automatically renew.

We encourage you to take the time to carefully consider your options and ensure you have the coverage that best meets your needs. Should you have any questions or require further information, please do not hesitate to contact the HR department at [HR contact information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]