OPEN ENROLLMENT LETTER TO EMPLOYEES

To: All Eligible Employees

From: Human Resources Department

Subject: Open Enrollment Period for Employee Benefits

Dear Employee, This letter serves to inform you that the open enrollment period for your employee benefits is now open. During this time, you have the opportunity to enroll, make changes to, or cancel your benefits coverage for the coming plan year. Please carefully review the information provided and take the necessary steps before the enrollment period closes.

1. Enrollment Period

The open enrollment period will begin on the designated start date and end on the designated end date. All benefit elections made during this time will be effective for the entire plan year unless a qualifying life event occurs.

2. Available Benefits

You may enroll in or make changes to the following benefit plans:

Benefit	Description
Medical Insurance	Comprehensive medical coverage including preventive care, hospitalization, and prescription dru
Dental Insurance	Coverage for preventive dental care, basic and major services.
Vision Insurance	Coverage for eye exams, lenses, and frames.
Life Insurance	Basic and supplemental life insurance options.
Disability Insurance	Short-term and long-term disability coverage.
Flexible Spending Account (FSA)	Pre-tax contributions for eligible health care and dependent care expenses.
Health Savings Account (HSA)	Tax-advantaged account for medical expenses if enrolled in a high-deductible health plan.
Retirement Plan	401(k) plan with company match and various investment options.

3. How to Enroll or Make Changes

Employees must complete the enrollment process through the designated online benefits portal or submit the required forms to the Human Resources department within the open enrollment period. Failure to enroll or make changes during this period may result in the loss of coverage or continuation of current elections.

4. Qualifying Life Events

Certain life events such as marriage, divorce, birth or adoption of a child, or loss of other coverage may allow you to make changes outside of the open enrollment period. Documentation of the qualifying event and notification to Human Resources must be provided within the timeframe specified by the plan.

5. Important Notices

Please review the Summary Plan Descriptions, Notices, and any additional materials provided to fully understand your rights and responsibilities under each benefit plan. For further assistance, contact the Human Resources department or the benefits administrator.

6. Legal Compliance and Acknowledgement

The benefits offered and this enrollment process comply with all applicable federal and state laws including, but not limited to, the Affordable Care Act (ACA), the Employee Retirement Income Security Act (ERISA), the Health Insurance Portability and Accountability Act (HIPAA), and the Consolidated Omnibus Budget Reconciliation Act (COBRA). By enrolling in or making changes to your benefits, you acknowledge the accuracy of the information provided and agree to abide by the terms of the plans.

7. Contacts and Resources

If you have questions about your benefits, the enrollment process, or need assistance, please contact:

Department	Contact Information
Human Resources	hr@company.com | (555) 123-4567
Benefits Administrator	benefits@company.com | (555) 987-6543
Employee Assistance Program (EAP)	eap@company.com | (555) 555-1212

We encourage you to take full advantage of the open enrollment period to review and optimize your benefits selections. Thank you for your attention to this important matter.

HR REPRESENTATIVE SIGNATURE **EMPLOYEE SIGNATURE**

Signature: __________________________ Signature: __________________________