

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Welcome to Your Employee Benefits Program

Dear [Employee Name],

Welcome to [Company Name]! We are pleased to offer you a comprehensive group health benefits package as part of your employment. This program is designed to support your health and well-being.

Your Coverage Details:

- **Benefit Effective Date:** [Date]
- **Enrollment Deadline:** [Date]
- **Plan Options:** [List Medical, Dental, Vision, etc.]

Next Steps for Enrollment:

1. Review the attached Benefits Summary Guide to understand your options.
2. Log in to our enrollment portal at: [Link to Portal]
3. Select your plans and add any eligible dependents.
4. Submit your elections before the deadline mentioned above.

If you do not complete your enrollment by the deadline, you may have to wait until the next Open Enrollment period, unless you experience a qualifying life event.

Once your enrollment is processed, you will receive your insurance ID cards via mail within [Number] business days. Digital copies can also be accessed through the provider's mobile app.

If you have any questions regarding the enrollment process or plan specifics, please contact the Human Resources Department at [Phone Number] or [Email Address].

We are glad to have you on our team!

Sincerely,

[Sender Name]
[Title]
[Company Name]