

Dear [Employee Name],

Welcome to the team! We are pleased to announce that you are now eligible to participate in the [Company Name] Group Health Benefits Program.

Our benefits package is designed to support your physical, mental, and financial well-being. Your coverage will officially begin on [Effective Date].

**Your Benefits Package Includes:**

- Medical Insurance (Plan Provider: [Provider Name])
- Dental and Vision Coverage
- Life and AD&D Insurance
- [Insert Additional Benefit, e.g., Mental Health Support]

**Next Steps for Enrollment:**

1. Review the attached Summary of Benefits and Coverage (SBC).
2. Log in to our enrollment portal at: [Link to Portal].
3. Complete your enrollment and add any dependents by [Enrollment Deadline Date].

Once your enrollment is processed, you will receive your physical insurance ID cards via mail at your home address. You can also access digital ID cards through the [Provider Name] mobile app.

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

We are happy to have you with us and are committed to providing you with high-quality healthcare options.

Best Regards,

[Your Name/HR Manager Name]

[Job Title]

[Company Name]