

Dear Employee,

Subject: Annual Open Enrollment and Policy Updates

It is time for our annual Open Enrollment period for your employee benefits. This is your yearly opportunity to review your current coverage and make changes for the upcoming plan year.

**Enrollment Period:** [Start Date] to [End Date]

**Key Policy Updates for this Year:**

- [Update 1: e.g., Changes to health insurance premiums]
- [Update 2: e.g., New dental or vision provider]
- [Update 3: e.g., Changes to Flexible Spending Account (FSA) limits]
- [Update 4: e.g., Updated wellness program requirements]

**Action Required:**

Please log in to the benefits portal at [Link/URL] to review your current elections. If you do not make any changes by [End Date], your current benefits will [carry over / expire], with the exception of Flexible Spending Accounts which require new elections every year.

We will be hosting an information session on [Date] at [Time] via [Platform/Location] to answer any questions regarding these updates.

If you have any questions, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Name]

[Title]

[Company Name]