

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Important: Early Action Enrollment for Your Health Insurance Plan

Dear [Employee Name],

We are pleased to announce that the Early Action enrollment period for your [Year] health insurance coverage is now open. Taking action early ensures that your benefits are processed before the standard deadline and that you receive your new insurance cards on time.

Key Enrollment Information:

- **Enrollment Starts:** [Start Date]
- **Enrollment Ends:** [End Date]
- **Effective Date of Coverage:** [Effective Date]

What You Need to Do:

1. Review the attached [Year] Benefits Summary to compare plan options and premiums.
2. Log in to the enrollment portal at: [Insert Link/URL].
3. Select your preferred plan and add any eligible dependents.
4. Confirm your selections and save your confirmation number.

If you choose not to take action during this period, your current coverage may [default to a specific plan / be terminated], depending on company policy. We encourage you to review your options carefully to ensure you have the best coverage for your needs.

If you have any questions regarding the plans or the enrollment process, please contact the HR Department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/HR Department Name]

[Company Name]