

[Company Name]
[Address]
[City, State, Zip Code]
[Date]

To: All Eligible Employees
Subject: Notice of Annual Group Health Insurance Renewal

Dear Employees,

It is time for our annual health insurance renewal. [Company Name] remains committed to providing comprehensive healthcare benefits to our team. Our current policy with [Insurance Provider Name] is set to renew on [Renewal Date].

What is changing?

For the upcoming plan year, there will be [no changes / some changes] to our plan options and premium costs. [Briefly mention if premiums are increasing or if a new provider is being introduced].

Open Enrollment Period:

The open enrollment period will begin on [Start Date] and end on [End Date]. This is your opportunity to:

- Keep your current coverage.
- Switch to a different plan option.
- Add or remove dependents.
- Enroll in coverage if you previously declined.

Next Steps:

We will hold an informational meeting on [Date] at [Time] via [Location/Link] to review the plan details and answer questions. Benefit summaries and enrollment forms are attached to this letter.

Please ensure all enrollment selections are submitted to the HR Department no later than [Deadline Date]. If you take no action, your current coverage [will / will not] automatically roll over.

If you have any questions, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Name]
[Title]
[Company Name]