

URGENT: FINAL NOTICE

Date: [Insert Date]

Subject: LAST CHANCE to Enroll in Your Benefits for [Year]

Dear [Employee Name],

This is your final reminder that the Open Enrollment period for your [Year] benefits ends on **[Deadline Date]** at **[Time]**.

If you do not complete your enrollment by this deadline:

- You may lose your opportunity to make changes to your current coverage.
- [Optional: Your current coverage may default to "No Coverage" or a basic plan.]
- You will not be able to change your selections until the next Open Enrollment period, unless you experience a qualifying life event.

How to Enroll:

Please log in to the benefits portal at: [\[Link to Portal\]](#)

Action Required:

Even if you do not wish to change your current plans, you must [confirm your selections / update your HSA/FSA contributions / verify your dependents].

If you have any questions or need assistance, please contact the HR Department at [Phone Number] or [Email Address] immediately.

Do not miss this deadline.

Sincerely,

[Your Name/HR Department]
[Company Name]