

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

[Date]

Dear [Employee Name],

Annual Health Insurance Open Enrollment Period

It is time for our annual Open Enrollment period for your health insurance benefits. This is your yearly opportunity to review, enroll in, or make changes to your health insurance coverage for the upcoming plan year.

Open Enrollment Dates: [Start Date] to [End Date]

Effective Date of Coverage: [Effective Date]

During this period, you may:

- Enroll in a new health insurance plan.
- Change your current plan selection.
- Add or remove eligible dependents.
- Waive coverage if you have insurance through another source.

What is Changing:

[Briefly mention any changes to premiums, providers, or plans, or state "Our current plans will remain the same with adjusted premium rates."]

Action Required:

Please review the attached benefit summary and plan details. To complete your enrollment, you must [Instructions: e.g., log into the portal / return the attached forms] by [Deadline Date].

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

Sincerely,

[Sender Name]
[Title]
[Company Name]