

[Date]

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

Subject: Annual Benefits Open Enrollment Period

Dear [Employee Name],

It is time for our annual Open Enrollment period for your employee benefits. This is your yearly opportunity to review, change, or enroll in benefit plans for the upcoming plan year starting [Start Date].

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

What you need to do:

- **Review your current coverage:** Log into [Enrollment Portal Link] to see your current elections.
- **Evaluate your options:** Review the attached Benefits Guide for updates on premiums, coverage limits, and new plan offerings.
- **Make changes:** If you wish to add/remove dependents or change your plan type, you must complete your selection by [End Date].
- **Confirm your enrollment:** If no action is taken, [your current elections will carry over / your benefits will be defaulted to X], with the exception of Flexible Spending Accounts (FSA), which require annual re-enrollment.

How to Enroll:

Please visit [Portal URL] and follow the instructions to submit your choices. Once finished, ensure you save your confirmation statement for your records.

If you have any questions regarding your benefits or the enrollment process, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/HR Department]
[Company Name]