

# Annual Employee Benefits Review

Dear [Employee Name],

As part of our annual review process, we would like to provide you with a summary of your employee benefits. Below are the details of the benefits available to you:

## Health Insurance

You are enrolled in the [Plan Name] health insurance plan, which includes coverage for medical, dental, and vision. Your premium contribution is [\$Amount] per pay period.

## Retirement Plan

You are currently participating in our [Retirement Plan Name], with [Company Name] matching contributions up to [% of Salary].

## Paid Time Off

You have accrued [X days] of vacation days, and [X days] of sick leave available for the upcoming year.

## Additional Benefits

- Life Insurance: [\$Amount] coverage
- Employee Assistance Program: [Details]
- Tuition Reimbursement: Up to [\$Amount] per year

If you have any questions regarding your benefits or would like to make changes, please do not hesitate to reach out to the HR department.

Thank you for your hard work and dedication!

Sincerely,

[Your Name]  
[Your Position]  
[Company Name]