

# Pension Contribution Enrollment for Part-Time Workers

Date: [Insert Date]

To: [Employee's Name]

[Employee's Address]

Dear [Employee's Name],

We are pleased to inform you that you are eligible to enroll in our pension contribution program designed specifically for part-time workers. This program aims to help you save for your future retirement while you continue to work with us.

Details of the Pension Contribution Program:

- **Contribution Rate:** [Insert Rate]
- **Employer Match:** [Insert Details]
- **Eligibility:** [Insert Eligibility Criteria]
- **Enrollment Deadline:** [Insert Deadline]

To enroll, please complete the attached enrollment form and return it to the HR department by the specified deadline. If you have any questions or need assistance, feel free to contact [HR Contact Name] at [HR Contact Email or Phone].

Thank you for your commitment to [Company Name]. We look forward to supporting you in this important step toward a secure financial future.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]