

# Group Health Insurance Enrollment

Date: [Insert Date]

To: [Employee's Name]

Address: [Employee's Address]

Dear [Employee's Name],

We are pleased to inform you that your enrollment in the group health insurance plan is now open. This plan provides comprehensive coverage for you and your eligible dependents.

Please review the enclosed materials carefully, which detail the benefits, coverage options, and instructions on how to complete your enrollment. To ensure you have the coverage you need, please submit your enrollment form by [Insert Deadline].

If you have any questions, feel free to reach out to our HR department at [HR Contact Information]. We are here to assist you.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Address]

[Contact Information]