

# Health Benefits Enrollment Update

Date: [Insert Date]

Dear [Employee Name],

We are writing to inform you about the upcoming enrollment period for health benefits. This is an important opportunity for you to review and make any necessary updates to your health insurance plan.

## Enrollment Details

The enrollment period will begin on [Start Date] and end on [End Date]. During this time, you can:

- Enroll in a new health plan
- Make changes to your existing coverage
- Cancel your current health benefits

## How to Enroll

Please visit [Enrollment Website or Portal] to review your options and make changes. If you have any questions, do not hesitate to contact our HR department at [HR Contact Information].

Thank you for your attention to this important matter. We encourage you to take the time to carefully consider your health benefits options.

Sincerely,

[Your Name]

[Your Title]

[Company Name]