

# Healthcare Plan Enrollment Notification

Dear Employee,

We are pleased to inform you that as a part-time employee, you are eligible to enroll in our healthcare plan. This program is designed to provide you with the necessary support and coverage as you balance your work and personal life.

Enrollment Period: **[Start Date]** to **[End Date]**

Please review the healthcare plan options available to you:

- Plan A: [Brief Description]
- Plan B: [Brief Description]
- Plan C: [Brief Description]

To enroll, please complete the enrollment form attached to this letter and submit it to the HR department by the end of the enrollment period.

If you have any questions, do not hesitate to reach out to our HR team at [Contact Information].

Thank you for your attention.

Sincerely,

[Your Company Name]

[Your Name]

[Your Position]