

# Healthcare Plan Enrollment for Seasonal Workers

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Address: [Insert Employee Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Employee Name],

We are pleased to inform you about the enrollment process for our healthcare plan available to seasonal workers. As a valued member of our team, your health and well-being are our top priorities.

Please take note of the following important information:

## Enrollment Period

The enrollment period will begin on [Insert Start Date] and will end on [Insert End Date]. It is essential to complete your enrollment within this timeframe.

## How to Enroll

You can enroll in the healthcare plan by completing the attached enrollment form and submitting it to the HR department by the deadline. You may also enroll online at [Insert Website Link].

## Plan Benefits

Our healthcare plan includes a variety of benefits ranging from preventive care to emergency services. Detailed information about the plan options can be found in the brochure attached to this letter.

## Contact Information

If you have any questions or require assistance with the enrollment process, please do not hesitate to contact our HR team at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this important matter. We look forward to supporting your health needs during your time with us.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[Company Phone Number]