

# Group Dental Insurance Enrollment Instructions

Dear [Employee's Name],

Welcome to the Group Dental Insurance Plan! We are pleased to offer you the opportunity to enroll in this valuable benefit. Please follow the instructions below to complete your enrollment.

## Enrollment Steps:

1. Review the [Dental Insurance Benefits Summary](#) to understand the coverage options.
2. Fill out the [Enrollment Form](#) accurately.
3. Submit the completed Enrollment Form to the HR department no later than [enrollment deadline date].
4. Keep a copy of your completed form for your records.

## Important Dates:

- Enrollment Period: [Start Date] to [End Date]
- Effective Date of Coverage: [Effective Date]

If you have any questions regarding the enrollment process or the benefits, please do not hesitate to reach out to the HR department at [HR contact information].

Thank you for your attention, and we look forward to your participation in the Group Dental Insurance Plan!

Best regards,

[Your Name]

[Your Job Title]

[Company Name]

[Contact Information]