

Group Life Insurance Enrollment Notification

Date: [Insert Date]

Dear [Employee Name],

We are pleased to inform you that you are eligible for enrollment in our Group Life Insurance program. This program offers valuable protection for you and your loved ones.

Please take a moment to review the details below:

- **Coverage Amount:** [Insert Coverage Amount]
- **Enrollment Period:** [Insert Enrollment Period]
- **Benefits:** [Briefly describe the benefits]

To enroll, please complete the attached enrollment form and return it to the HR department by [Insert Deadline].

If you have any questions or need assistance, feel free to contact us at [Insert Contact Information].

Thank you for being a valued member of our team.

Sincerely,

[Your Name]

[Your Title]

[Company Name]