

Group Vision Insurance Enrollment

Dear [Employee Name],

We are excited to inform you about the enrollment process for our Group Vision Insurance plan. This benefit is designed to help you and your family maintain healthy vision at an affordable cost.

Enrollment Details:

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

Coverage Start Date: [Coverage Start Date]

Steps to Enroll:

1. Review the Vision Insurance Plan Summary attached.
2. Complete the enrollment form, which can be found [link to form].
3. Submit your completed form to [HR contact information].

If you have any questions, please feel free to reach out to the HR department at [HR Email] or [HR Phone Number].

Thank you,

[Your Name]

[Your Job Title]

[Company Name]