

Annual Benefits Enrollment Guide

Dear [Employee Name],

As the annual benefits enrollment period approaches, we want to ensure you have all the information you need to make informed decisions regarding your benefits for the upcoming year.

Enrollment Period:

The enrollment period will be from [Start Date] to [End Date]. Please mark your calendars!

Benefits Offered:

- Health Insurance
- Dental and Vision Coverage
- Retirement Plans
- Life and Disability Insurance
- Flexible Spending Accounts

How to Enroll:

You can enroll in your benefits through [Enrollment Platform/Link]. Please take the time to review your options carefully.

Important Contacts:

If you have any questions, please reach out to the HR department at [HR Contact Information].

Thank you for your attention to this important matter. We appreciate your contributions and look forward to supporting you in the upcoming year.

Sincerely,

[Your Name]

[Your Title]

[Company Name]