

Voluntary Benefits Enrollment Options

Dear [Employee Name],

We are pleased to inform you about the upcoming enrollment period for voluntary benefits. As part of our commitment to enhance your compensation package, we offer several options that can provide additional financial security.

Enrollment Period

The enrollment period will take place from [Start Date] to [End Date]. During this time, you will have the opportunity to review and choose your benefits.

Available Voluntary Benefits

- **Supplemental Life Insurance:** Provides additional coverage for you and your dependents.
- **Short-Term Disability:** Offers income protection in the event you are unable to work due to illness or injury.
- **Accident Insurance:** Provides financial assistance in the event of an accident.
- **Critical Illness Insurance:** Offers a lump-sum benefit if diagnosed with a covered critical condition.

How to Enroll

To enroll in any of the voluntary benefits, please visit [Enrollment Portal Link] and follow the instructions provided.

For additional information or assistance, do not hesitate to reach out to [HR Contact Information]. We are here to help you make the best choices for your needs.

Thank you for being a valued member of our team!

Sincerely,

[Your Company Name]