

# Open Enrollment Announcement

Dear Part-Time Staff,

We are excited to announce that the open enrollment period for our benefits program will begin on **[Start Date]** and end on **[End Date]**. During this time, you will have the opportunity to enroll, change, or cancel your benefits.

Please take a moment to review the benefits options available to you:

- Health Insurance
- Dental and Vision Coverage
- Employee Assistance Program

If you have any questions or need assistance, please do not hesitate to reach out to the HR department at **[HR Contact Email/Phone]**.

Thank you for your hard work and dedication!

Sincerely,

**[Your Name]**  
**[Your Position]**  
**[Company Name]**