

Important Announcement: Open Enrollment for Dependent Coverage

Dear [Employee's Name],

We are pleased to announce that the open enrollment period for dependent coverage will begin on [start date] and end on [end date]. During this time, you will have the opportunity to enroll your eligible dependents in the company's health insurance plan.

Coverage Details

- Eligible dependents include spouses, domestic partners, and children under the age of [age limit].
- Coverage options include [list coverage options].
- Please review the attached benefits guide for a detailed overview of the plans available.

How to Enroll

You can enroll your dependents through the employee benefits portal at [portal link]. If you need assistance, please contact the HR department at [HR contact information].

Important Dates

- Open Enrollment Start Date: [start date]
- Open Enrollment End Date: [end date]
- Coverage Effective Date: [effective date]

We encourage you to take this opportunity to ensure that your loved ones have the coverage they need.

Thank you,

[Your Name]

[Your Title]

[Company Name]