

Benefit Election Acknowledgment

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We are pleased to acknowledge your selection of benefits for the upcoming benefits period. Below are the details of your elected benefits:

- Health Insurance: [Selected Plan]
- Dental Insurance: [Selected Plan]
- Vision Insurance: [Selected Plan]
- Retirement Plan: [Selected Option]
- Other Benefits: [Details]

Please review this information carefully and contact us if you have any questions or need to make any changes.

Thank you for your prompt attention to your benefit selections.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]