

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Notification of Profit-Sharing Plan Eligibility

Dear [Employee Name],

We are pleased to inform you that you have met the eligibility requirements to participate in the [Company Name] Profit-Sharing Plan, effective [Effective Date].

At [Company Name], we believe that our success is driven by the hard work of our employees. This program is designed to allow you to share in the financial success of the company. Your participation is based on the following terms:

- **Plan Entry Date:** [Date]
- **Vesting Schedule:** [Details, e.g., 20% per year over 5 years]
- **Contribution Cycle:** [Details, e.g., Annual/Quarterly]

The specific amount of any profit-sharing contribution is determined by the company's performance and is subject to approval by the Board of Directors. Contributions will be deposited into your [Plan Type, e.g., 401(k) or Retirement Account].

Enclosed with this letter, you will find the Summary Plan Description (SPD), which provides detailed information regarding the plan's rules, tax implications, and beneficiary designations.

Please sign and return the attached acknowledgment form to the Human Resources department by [Deadline Date]. If you have any questions regarding this benefit, please contact [HR Contact Name] at [Phone/Email].

Congratulations on reaching this milestone. We appreciate your continued contributions to our team.

Sincerely,

[Signature]

[Sender Name]

[Title]