[Date]

[Your Name/Business Name]
[Your Address]
[City, State, Zip Code]

Subject: Important Notice: Annual Health Insurance Open Enrollment Period

Dear [Recipient Name/Individual Name],

This letter is to notify you that the annual Open Enrollment period for health insurance coverage is approaching. As a self-employed individual, this is your primary opportunity to enroll in, renew, or change your health insurance plan for the upcoming calendar year.

Key Dates:

- Open Enrollment Starts: [Start Date]
- Open Enrollment Ends: [End Date]
- Coverage Begins: [Effective Date, e.g., January 1st]

What You Need to Do:

- Review your current health coverage and healthcare needs.
- Visit the Health Insurance Marketplace at [HealthCare.gov or State Exchange Link] to compare available plans.
- Update your income projections to determine if you qualify for premium tax credits or subsidies.
- Complete your enrollment by the deadline to avoid a gap in coverage.

If you miss this deadline, you may not be able to apply for coverage until the next Open Enrollment period, unless you qualify for a Special Enrollment Period due to a qualifying life event (such as marriage, birth of a child, or loss of other coverage).

If you have questions regarding your options, you may contact a licensed insurance broker or visit the official marketplace website for assistance.

Sincerely,

[Your Name]
[Phone Number]
[Email Address]