[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Notification of Transition to Alternative Benefit Program

Dear [Employee Name],

As part of our commitment to providing competitive and sustainable benefits, [Company Name] has conducted a review of our current Professional Employer Organization (PEO) arrangement. We are writing to inform you that effective [Date], we will be transitioning from our current PEO-sponsored benefit plans to a new alternative benefit program.

This change is designed to provide [mention reason, e.g., more flexible options / improved cost stability / localized support] while ensuring you continue to have access to comprehensive coverage. Our new program will include the following:

- **Health Insurance:** [New Provider Name]
- **Retirement Savings:** [New Plan Details]
- **Ancillary Benefits:** [Life, Disability, Dental, Vision, etc.]

What you need to know:

- Current coverage under the PEO will remain active until [Expiration Date].
- Open enrollment for the new program will begin on [Start Date] and end on [End Date].
- You will receive an enrollment package via [Email/Mail] containing plan details and login instructions.

We are hosting a series of information sessions on [Date/Time] to answer any questions you may have regarding this transition. You may also contact [HR Contact Name] at [Phone/Email] for individual assistance.

Thank you for your continued dedication to [Company Name].

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Company Name]