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

[Date]

To: All Eligible Employees
Subject: Alternative Options for Group Benefits Open Enrollment

Dear Employee,

Our annual Open Enrollment period for group benefits is now active and will remain open until [Closing Date]. While we continue to offer our standard group health and dental plans, we are pleased to remind you of the flexible alternative options available to meet your individual needs.

Alternative Enrollment Options:

- **Health Savings Account (HSA) Contribution Adjustments:** If you are enrolled in a High Deductible Health Plan, you may increase or decrease your pre-tax contributions.
- **Flexible Spending Accounts (FSA):** You may elect to contribute to a Healthcare or Dependent Care FSA to pay for eligible expenses with pre-tax dollars.
- **Cash-in-Lieu of Benefits:** Employees who provide proof of alternative qualifying coverage (such as through a spouse's employer) may be eligible to opt-out of our medical plan in exchange for a monthly taxable stipend of $[Amount].
- **Voluntary Supplemental Benefits:** You may choose to enroll in elective coverages including Vision, Accident Insurance, or Critical Illness Insurance.

How to Make Your Elections:

Please log in to the [Enrollment Portal Name] at [Website URL] to review your current selections and make any changes. If you do not wish to change your current medical coverage but want to participate in an FSA or HSA for the upcoming year, you must log in and re-elect those amounts.

Important Deadline: All elections must be submitted no later than [Time] on [Date]. Changes made during this period will become effective on [Effective Date].

If you have questions regarding these alternatives or need assistance with the enrollment portal, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Name]
[Title]
[Company Name]