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

[Date]

Dear [Employee Name],

Subject: Annual Alternative Open Enrollment Period

We are pleased to announce the start of our Year-Round Benefit Solutions Alternative Open Enrollment period. This is your annual opportunity to review, change, or enroll in elective benefit programs that complement our standard health coverage.

Enrollment Period: [Start Date] to [End Date]
Effective Date of Benefits: [Effective Date]

During this window, you may select from the following alternative benefit options:

- [Option 1: e.g., Supplemental Life Insurance]
- [Option 2: e.g., Short-Term Disability]
- [Option 3: e.g., Critical Illness or Accident Insurance]
- [Option 4: e.g., Wellness & Gym Reimbursement Programs]

How to Enroll:

1. Review the attached Benefit Guide for plan details and pricing.
2. Log in to the enrollment portal at: [Link to Portal]
3. Submit your selections no later than [Time] on [End Date].

Please note that if you do not wish to make changes to your current alternative benefits, your existing elections [will/will not] carry over to the new plan year. However, we highly encourage everyone to review their beneficiaries and coverage levels.

If you have any questions regarding these solutions, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Name]
[Title]
[Company Name]