

[Company Name]
[Address Line 1]
[Address Line 2]
[Date]

Subject: Important Information Regarding Your Benefits Transition and Enrollment

Dear [Employee Name],

We are writing to inform you of upcoming changes to our employee benefits program. As part of our commitment to providing competitive and comprehensive coverage, [Company Name] will be transitioning to [New Provider Name/New Plan Structure] effective [Effective Date].

What is Changing?

Starting on [Effective Date], your current coverage under [Old Plan Name] will end. To maintain your benefits, you must participate in the upcoming active enrollment period.

Key Enrollment Dates:

- **Enrollment Begins:** [Start Date]
- **Enrollment Ends:** [End Date]
- **Coverage Effective Date:** [Effective Date]

Action Required:

Please log in to the [Enrollment Portal Name/Link] during the enrollment window to select your new plans. If you do not complete your enrollment by [End Date], [describe consequence, e.g., your coverage will default to the basic plan / you will lose coverage].

Resources and Support:

- [Link to Benefit Guide/Summary of Benefits]
- [Date/Time of Information Webinar or Q&A Session]
- Contact HR at [Phone Number/Email Address] for personalized assistance.

We understand that benefit transitions are important life events. We are here to support you through this process to ensure you and your family have the coverage you need.

Sincerely,

[Sender Name]
[Title]
[Department Name]