[Date]

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

Subject: Notification of Benefits Transition

Dear [Employee Name],

As part of the recent integration between [Parent Company Name] and [Subsidiary Company Name], we are writing to inform you of upcoming changes to your employee benefits package. Effective [Transition Date], your current coverage under [Subsidiary Company Name] will transition to the [Parent Company Name] benefits program.

The goal of this transition is to provide a unified benefits structure across the entire organization. This change will affect the following areas:

- Health, Dental, and Vision Insurance
- Retirement Savings Plans (401k/Pension)
- Life and Disability Insurance
- Paid Time Off (PTO) Accrual Policies

Key Dates and Actions:

- **[Date]:** Open Enrollment period begins.
- **[Date]:** Information sessions will be held via [Meeting Platform/Location].
- **[Date]:** Deadline to submit new enrollment selections.
- **[Transition Date]:** New benefits coverage becomes active.

Please review the attached Benefits Guide, which provides a detailed comparison of your current and future plans. You will receive an automated email from [Benefits Portal Name] with instructions on how to access the enrollment system and update your beneficiaries.

We are committed to supporting you during this transition. If you have any questions, please contact the HR Benefits Team at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]