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ANNUAL OPEN ENROLLMENT

[Month/Day/Year] to [Month/Day/Year]

Benefits Summary

- What's New In Your Enrollment Plan
- What's New In Your Enrollment Plan
- What's New In Your Enrollment Plan

About Your Open Enrollment

Please Note: This sample *Open Enrollment Template* may be used for **general reference purposes only**. All sample forms should be modified in consultation with knowledgeable benefits counsel to ensure that such forms meet the company's individual needs and applicable laws.

Annual Benefits Open Enrollment Period: [Month/Day/Year] to [Month/Day/Year]

Welcome to Open Enrollment 20XX. Open Enrollment is your annual opportunity to make changes to your benefits for the new plan year, effective [insert year]. During Open Enrollment you may opt to do the following:

- Change or opt out of health plan coverage
- Choose new benefit options
- Enroll eligible family members in your health plan
- Enroll in health plan coverage and [list benefits], if eligible, but not currently covered
- Elect [list new benefits]

Deadlines

Open Enrollment for [list all benefits] must be completed between [list beginning and end dates].

Questions on Benefit Plans and Changes?

Please contact [fill in all relevant contact information].

Plan Changes & Information

Health Plan

- [List changes]
- [List changes]
- [List changes]
- [List changes]

Other Benefit

- [List changes]
- [List changes]
- [List changes]
- [List changes]

Other Benefit

- [List changes]
- [List changes]
- [List changes]
- [List changes]

New Benefits

- [List new benefits and any employee contributions]

Plan Information

Can be found at [list websites, human resource contacts, etc.].

How to Enroll

[Insert enrollment instructions here]. The deadline for enrollment or changes is [Month/Day/Year].

Questions on Benefit Plans and Changes?

Please contact [fill in all relevant contact information].

Contributions & Premium Increases

Contributions

The following are the contribution rates for benefits that may be paid for on a **pre-tax basis**:

[Benefit Name]		
Coverage	Employee	Employer
Employee	\$XXX.XX	\$XXX.XX
Family	\$XXX.XX	\$XXX.XX

The following are the contribution rates for benefits that may be paid for on a **post-tax basis**:

[Benefit Name]		
Coverage	Employee	Employer
Employee	\$XXX.XX	\$XXX.XX
Family	\$XXX.XX	\$XXX.XX

Premium Increases

- [List benefits] rates will increase by x.xx%, as shown in the table below.
- There is no increase in [list benefits] premiums.

Benefit	20XX Employer Contribution	20XX Monthly Employee Contribution	20XX Monthly Employee Increase
[List benefit]	Indiv. – \$xx.xx Family – \$xx.xx	Indiv. – \$xx.xx Family – \$xx.xx	Indiv. – \$xx.xx Family – \$xx.xx
[List benefit]	Indiv. – \$xx.xx Family – \$xx.xx	Indiv. – \$xx.xx Family – \$xx.xx	Indiv. – \$xx.xx Family – \$xx.xx
[List benefit]	Indiv. – \$xx.xx Family – \$xx.xx	Indiv. – \$xx.xx Family – \$xx.xx	Indiv. – \$xx.xx Family – \$xx.xx

Questions on Benefit Plans and Changes?

Please contact [fill in all relevant contact information].