



[C_officialname] Open Enrollment Overview

Introduction/Message to Employees: [to be written by employer or broker. Include: Significant changes in benefits or cost sharing; open enrollment time frame, meeting dates/times; required forms from all employees; forms to be returned to whom by when.]

[plan_year] SUMMARY OF EMPLOYEE BENEFITS CHANGES

MEDICAL

- [Describe any changes to the medical plan carrier, benefits, or contributions.]
- [Indicate whether new identification cards will be issued.]
- [List any additional resources for information, e.g. the benefit summary, carrier Web site, carrier customer service department, human resources department, etc.]

The following employee contributions will be effective on [effective_date], and will be reflected on your [Insert Date] paycheck.

Election	[Current Year]	[New Plan Year]
Employee only	[\$/paycheck]	[\$/paycheck]
Employee & spouse	[\$/paycheck]	[\$/paycheck]
Employee & child(ren)	[\$/paycheck]	[\$/paycheck]
Family	[\$/paycheck]	[\$/paycheck]

DENTAL

- [Describe any changes to the dental plan carrier, benefits, or contributions.]
- [Indicate whether new identification cards will be issued.]
- [List any additional resources for information, e.g. the benefit summary, carrier Web site, carrier customer service department, human resources department, etc.]

The following employee contributions will be effective on [effective_date], and will be reflected on your [Insert Date] paycheck.

Election	[Current Year]	[New Plan Year]
Employee only	[\$/paycheck]	[\$/paycheck]
Employee & spouse	[\$/paycheck]	[\$/paycheck]
Employee & child(ren)	[\$/paycheck]	[\$/paycheck]
Family	[\$/paycheck]	[\$/paycheck]

SHORT-TERM & LONG-TERM DISABILITY COVERAGE

- [Describe any changes to the STD/LTD plan carrier(s), benefits, or contributions.]
- [List any additional resources for information, e.g. the benefit summary, carrier Web site, carrier customer service department, human resources department, etc.]

LIFE INSURANCE (company paid and voluntary)

- [Describe any changes to the life insurance carrier, benefits, or contributions.]
- [Explain enrollment forms to be completed to add coverage, and/or to elect coverage over the guarantee issue amount.]
- [List any additional resources for information, e.g. the benefit summary, carrier Web site, carrier customer service department, human resources department, etc.]

FLEXIBLE SPENDING PLAN

This benefit allows you to pay for your out-of-pocket medical, dental and vision expenses and dependent care expenses with pre-tax dollars, which lowers your tax liability.

- **If you currently contribute to the Flexible Spending Plan, you MUST RE-ENROLL FOR [plan_year].**
- [Describe enrollment form to be completed, other plan administration details, and any additional resources for information.]

COMMUTER EXPENSE REIMBURSEMENT ACCOUNT (CERA)

- **If you currently contribute to the Commuter Expense Reimbursement Account, you must submit a new CERA election form.**
- [Describe enrollment form to be completed, other plan administration details, and any additional resources for information.]

401(k) SAVINGS PLAN

- [Describe any changes in eligibility, fund offerings, loan administration, or any additional resources for information.]

EMPLOYEE STOCK PURCHASE PLAN

- [Describe any changes in eligibility requirements, plan administration or any additional resources for information.]

What do you need to do during the OPEN ENROLLMENT period?

- If you don't want to make any changes to your current benefit elections, and you do not participate in the Flexible Spending Plan or the Commuter Expense Reimbursement Account, you don't need to take any action. All of your current benefit elections will automatically carry over and remain effective for [plan_year].
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- If you want to change any of your current benefit elections, you will need to [describe forms to be completed and returned].

NOTE: After the Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
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- Loss of eligibility of a covered dependent
 - Death of your covered spouse or child
 - Birth or adoption of a child
 - Marriage, divorce, or legal separation
 - Switch from part-time to full-time

You have **[Insert #]** days from a change in family status to make changes to your current coverage.

REMINDERS:

Open Enrollment Period: [open_enrollment]

Open Enrollment Meetings Schedule: [Time_1]; [Time_2]; [Time_3]

Open Enrollment forms are due to [HR_Contact] by [Deadline].
