# [C\_Officialname] Open Enrollment Overview and Summary

Introduction/Message to Employees

Include information like significant changes in benefits or cost sharing, open enrollment time frame, meeting dates and times, required forms from all employees and forms to be returned to whom by when.

[Plan\_year] Summary of Employee Benefits Changes

Medical Plan Changes

* [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, such as the benefit summary, carrier website, carrier customer service department and HR department.]

The following employee contributions will become effect on [Effective\_Date], and will be reflected on your [insert date] paycheck.

|  |  |  |
| --- | --- | --- |
| **Election** | **[insert present year]** | **[plan\_year]** |
| **Employee only** | [insert amount per check] | [insert amount per check] |
| **Employee & spouse** | [insert amount per check] | [insert amount per check] |
| **Employee & child(ren)** | [insert amount per check] | [insert amount per check] |
| **Family** | [insert amount per check] | [insert amount per check] |

Dental Plan Changes

* [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, such as the benefit summary, carrier website, carrier customer service department and HR department.]

The following employee contributions will become effect on [Effective\_Date], and will be reflected on your [insert date] paycheck.

|  |  |  |
| --- | --- | --- |
| **Election** | **[insert present year]** | **[plan\_year]** |
| **Employee only** | [insert amount per check] | [insert amount per check] |
| **Employee & spouse** | [insert amount per check] | [insert amount per check] |
| **Employee & child(ren)** | [insert amount per check] | [insert amount per check] |
| **Family** | [insert amount per check] | [insert amount per check] |

Short-term and Long-term Disability Coverage Changes

* [Describe any changes to short-term and long-term disability plan carrier(s), benefits or contributions.]
* [List any additional resources for information, such as the benefit summary, carrier website, carrier customer service department and HR department.]

Company-paid and Voluntary Life Insurance Changes

* [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, such as the benefit summary, carrier website, carrier customer service department and HR department.]

Health Care Spending Account Changes

* [Describe any changes to your organization’s health spending account (HSA), health reimbursement account (HRA) or flexible spending account (FSA), if applicable.]
* [Describe enrollment form to be completed, other plan administration details and any additional resources for information.]

Employer-sponsored Retirement Plan Changes

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

Your Responsibilities During Open Enrollment

If you don’t want to make any changes to your current benefit elections, and you do not participate in the [insert HSA, HRA or FSA] or the [insert retirement plan offering], you don’t need to take any action. All of your current benefit elections will automatically carry over and remain effective for [Plan\_Year].

If you want to change any of your current benefit elections, you will need to [describe forms to be completed and returned].

**NOTE**: After open enrollment, 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
* 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 employment to full-time employment

You have [insert number]days from a change in family status to make changes to your current coverage.

Reminders:

* Open enrollment period: [Insert start date and end date]
* Open enrollment meetings schedule:
  + [Time\_1]
  + [Time\_2]
  + [Time\_3]
* Open enrollment forms are due to [HR\_Contact] by [insert deadline].