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# OPEN ENROLLMENT

20XX-XX

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**OCTOBER XX – XX, 20XX**

Don't get caught without coverage  
in 20XX!



1234 Main Street  
Town, State, 12345

# OCTOBER XX – XX, 20XX

Open Enrollment is your opportunity to make changes to your benefits for the upcoming year. The elections you make during Open Enrollment will remain in effect **[insert date]** to **[insert date]**, unless you experience a qualified change in status (such as marriage, birth or adoption of a child, etc.).



## ACTIVE ENROLLMENT

Everyone must enroll for this year's Open Enrollment. You need to enroll or decline benefit coverage by the **[insert date]** or you and your family will not have benefit coverage beginning **[insert date]**.

## TIPS ON OPEN ENROLLMENT



Read the benefits guide available at [www.xyz.com](http://www.xyz.com)



Enroll online at [www.xyz.com](http://www.xyz.com)



Attend an Open Enrollment meeting/WebEx



For help, contact the Benefits Team at XXX-XXX-XXXX



Scan the QR code or visit  
[www.xyz.com](http://www.xyz.com)

