



1234 Main Street Town, State, 12345

20XX OPEN ENROLLMENT

OCTOBER XX - XX, 20XX





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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].



Scan the QR code or visit www.xyz.com



- Attend an Open Enrollment meeting/WebEx
- Enroll online at www.xyz.com
- For help, contact the Benefits Team at XXX-XXX-XXXX