



OPEN ENROLLMENT

20XX-XX

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.).

TIPS ON OPEN ENROLLMENT



Read the benefits guide available at **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**

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

QR CODE