**Please Note:**This sample *Open Enrollment Template* may be used for **general reference purposes** **only**. All sample forms should be modified in consultation with knowledgeable benefits counsel to ensure that such forms meet the company's individual needs and applicable laws.

### 20XX Open Enrollment

#### ****Annual Benefits Open Enrollment Period:**** [Month/Day/Year] to [Month/Day/Year]

Welcome to Open Enrollment 20XX. Open Enrollment is your annual opportunity to make changes to your benefits for the new plan year, effective [insert year]. During Open Enrollment you may opt to do the following:

* Change or opt out of health plan coverage
* Choose new benefit options
* Enroll eligible family members in your health plan
* Enroll in health plan coverage and [list benefits], if eligible, but not currently covered
* Elect [list new benefits]

**Deadlines**

Open Enrollment for [list all benefits] must be completed between [list beginning and end dates].

**Pre-Tax Contributions**

The following are the contribution rates for benefits that may be paid for on a **pre-tax basis**:

[Benefit Name]

|  |  |  |
| --- | --- | --- |
| **Coverage**  | **Employee**  | **Employer**  |
| Employee  | $XXX.XX  | $XXX.XX  |
| Family  | $XXX.XX  | $XXX.XX |
|  |  |  |

The following are the contribution rates for benefits that must be paid for on a **post-tax basis**:

[Benefit Name]

|  |  |  |
| --- | --- | --- |
| **Coverage**  | **Employee**  | **Employer**  |
| Employee  | $XXX.XX  | $XXX.XX  |
| Family  | $XXX.XX  | $XXX.XX |
|  |  |  |

**Premium Increases**

* [List benefits] rates will increase by x.xx%, as shown in the table below.
* There is no increase in [list benefits] premiums.

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit** | **20XX Employer Contribution** | **20XX Monthly Employee Contribution** | **20XX Monthly Employee Increase** |
| [List benefit] | Indiv. – $xx.xxFamily – $xx.xx | Indiv. – $xx.xxFamily – $xx.xx | Indiv. – $xx.xxFamily – $xx.xx |
| [List benefit] | Indiv. – $xx.xxFamily – $xx.xx | Indiv. – $xx.xxFamily – $xx.xx | Indiv. – $xx.xxFamily – $xx.xx |
| [List benefit] | Indiv. – $xx.xxFamily – $xx.xx | Indiv – $xx.xxFamily – $xx.xx | Indiv. – $xx.xxFamily – $xx.xx |

**Plan Changes and Information**

**Health Plan**

* [List changes]

**Other Benefit**

* [List changes]

**Other Benefit**

* [List changes]

**New Benefits**

[List new benefits and any employee contributions]

**Plan Information** can be found at [list websites, human resource contacts, etc.].

**How to Enroll**

[Insert enrollment instructions here]. The deadline for enrollment or changes is [Month/Day/Year].

#### Questions on Benefit Plans and Changes?

Please contact [fill in all relevant contact information].