

# WELCOME TO [CLIENT]!



We're excited to have you join our organization! The following provides high-level details on eligibility requirements, enrollment instructions and the benefits available to you and your family.

## 1

### WHO'S ELIGIBLE?

- Full-time employees working **30 hours per week**
- Benefits are effective **on the first day of employment**

#### Eligible dependents are defined as follows:

- Legally married spouse
- Dependents up to age 26
- Domestic partner, opposite or same sex, subject to **[Client's]** Domestic Partner Guidelines
- Domestic partner's child(ren) living with employee

Employees who are covering dependents under their health plan will be required to provide documents to verify eligibility of those dependents prior to coverage becoming effective under the plan.

## 2

### BENEFIT OFFERINGS

At **[Company Name]**, we offer the following suite of benefits.

- **Medical Coverage**
- **Dental Coverage**
- **Vision Coverage**
- **Flexible Spending Program**
- **Basic Life and AD&D Coverage**
- **Supplemental Life Coverage**
- **Employee Assistance Program (EAP)**
- **Retirement Savings Plan**
- **Paid time off and vacation time**
- **And much more!**

### HOW TO ENROLL

- 1.
- 2.
- 3.

For more details on your benefits, please refer to your Benefits Guide found at XXX.

## QUESTIONS?

Contact Human Resources at xxx-xxx-xxxx or xxx@email.com.