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.

# WHO’S ELIGIBLE?

**1**

**HOW TO ENROLL**

**1.**

**2.**

**3.**

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

* 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.

# BENEFIT OFFERINGS

**2**

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!

**QUESTIONS?**

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

Please note: This communication is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the Plan Documents. In the event of any differences between this communication and the Plan Documents, the Plan Documents
will govern.