

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Dear [Employee Name],

This letter is to acknowledge that we have received notification regarding your need for a leave of absence due to a medical condition beginning on [Start Date]. We understand that you are applying for Short Term Disability (STD) benefits.

Your claim is currently being processed. Please note the following information regarding your leave:

- **Documentation:** Please ensure all required medical certification forms are submitted to [Department/Insurance Provider] by [Due Date].
- **Benefit Coverage:** Your eligibility for benefits will be determined by [Insurance Provider Name] based on the terms of our policy.
- **Communication:** While you are on leave, please keep us updated on your status and any changes to your expected return-to-work date, which is currently noted as [Expected Return Date].
- **Health Insurance:** Information regarding your premium payments during this leave is [attached/enclosed].

If you have any questions regarding your leave or the disability claim process, please contact [HR Contact Name] at [Phone Number] or [Email Address].

We wish you a steady recovery and look forward to your return.

Sincerely,

[Your Name]
[Your Title]
[Company Name]