

[Current Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Transition from Short-Term Disability to Long-Term Disability

Dear [Employee Name],

Our records indicate that you are approaching the maximum benefit period for your Short-Term Disability (STD) leave, which is scheduled to conclude on [STD End Date].

As your medical condition continues to prevent your return to work at this time, your claim is now being evaluated for transition to Long-Term Disability (LTD) benefits. Please note the following regarding this transition:

- **LTD Carrier:** [Name of Insurance Company]
- **Effective Date:** [LTD Start Date]
- **Next Steps:** You may be required to submit updated medical documentation to the insurance carrier to confirm ongoing eligibility.

While on LTD, your employment status with [Company Name] will be [remains active / subject to company policy regarding extended leave]. Your current health benefits will [continue until Date / require COBRA election].

Please contact [Name of HR Contact] at [Phone Number] or [Email Address] if you have questions regarding your benefits or if there is any change in your medical status.

We wish you the best in your continued recovery.

Sincerely,

[Your Name]

[Your Title]

[Company Name]