Date: [Date]

To: [Employee Name]

Subject: Notice of Rights and Responsibilities Regarding Long Term Disability (LTD)

Dear [Employee Name],

This letter provides important information regarding your rights and responsibilities while you are on a Long Term Disability (LTD) leave of absence. Please review these details carefully to ensure you maintain your benefits and compliance with company policy.

1. Employee Rights

- **Benefit Payments:** If approved by the insurance carrier, you have the right to receive disability payments according to the terms of the [Company Name] LTD policy.
- **Confidentiality:** Your medical information will be kept confidential and stored separately from your general personnel file, accessible only to authorized Human Resources personnel.
- **Benefit Continuation:** You may have the right to continue certain health and welfare benefits for a specified period, subject to premium payments.
- **Non-Discrimination:** You have the right to be free from discrimination or retaliation for exercising your right to claim disability benefits.

2. Employee Responsibilities

- **Claim Filing:** It is your responsibility to complete and submit all required claim forms to the insurance carrier in a timely manner.
- **Medical Updates:** You must provide ongoing medical documentation and "Proof of Loss" to the insurance carrier as requested to maintain eligibility.
- **Communication:** You are required to notify Human Resources of any changes to your contact information or your expected return-to-work date.
- **Benefit Premiums:** If you are responsible for a portion of your benefit premiums (e.g., health, dental, life insurance), you must ensure timely payment to avoid a lapse in coverage.
- **Return to Work:** You must notify [Company Name] immediately once you are cleared by your physician to return to work, either with or without restrictions.

3. Impact on Employment

Please be advised that LTD is a financial benefit and does not necessarily guarantee job protection. Your job security depends on applicable laws such as the FMLA, ADA, or state-specific leave laws. If your leave extends beyond protected periods, your employment status may be evaluated based on business necessity.

If you have any questions regarding your LTD claim or your responsibilities, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]

Employee Acknowledgment:

I acknowledge that I have received and read this statement of my rights and responsibilities regarding Long Term Disability.

Signature: _____ Date: _____