[Company Name]
[Human Resources Department]
[Address]
[City, State, Zip Code]

[Date]

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

Subject: Explanation of Long Term Disability (LTD) Benefits

Dear [Employee Name],

This letter provides an overview of your Long Term Disability (LTD) benefits. This coverage is designed to provide income protection if you become unable to work for an extended period due to a qualifying illness or injury.

Benefit Summary:

- **Elimination Period:** You must be disabled for [Number] days before benefits become payable. This period usually begins on the first day of your disability.
- **Monthly Benefit Amount:** If approved, you will receive [Percentage]% of your pre-disability monthly earnings, up to a maximum of $[Dollar Amount] per month.
- **Benefit Duration:** Benefits continue as long as you meet the definition of disability under the policy, or until you reach [Age/Social Security Normal Retirement Age].
- **Taxability:** Your benefits are [Taxable/Non-Taxable] based on how the premiums were paid.

How to Apply:

To initiate a claim, you must complete the following steps:

1. Notify Human Resources of your intent to file a claim.
2. Complete the Employee Statement form.
3. Have your attending physician complete the Attending Physician Statement.
4. Submit all forms to our insurance carrier, [Insurance Company Name], at [Contact Information].

Coordination of Benefits:

Please note that your LTD benefits may be reduced by other sources of income, such as Social Security Disability Insurance (SSDI), Workers' Compensation, or other group disability payments.

For full details, please refer to the Summary Plan Description (SPD) provided during your enrollment. If you have questions, please contact the HR department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Sender Title]