[Date]

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

Subject: Approval of Long Term Disability Leave Extension

Dear [Employee Name],

We are writing to formally notify you that your request for an extension of your Long Term Disability (LTD) leave has been approved.

Based on the medical documentation provided, your leave of absence is now extended through [Expected Return Date]. Your status will continue to be reviewed periodically based on updated medical information and the terms of our company policy.

While on extended leave, the following conditions apply:

- **Benefits:** Your insurance coverage will continue under [Policy Name/Terms]. Please contact the HR benefits department regarding any required premium payments.
- **Communication:** You are required to notify [Manager Name or HR Contact] of any changes to your medical status or your ability to return to work.
- **Documentation:** If a further extension is required, please submit updated medical certification at least [Number] days prior to your current expiration date.

We wish you continued progress in your recovery. If you have any questions regarding your benefits or leave status, please contact [Contact Name] at [Phone Number/Email].

Sincerely,

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