[Date]

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

Subject: Military Leave Benefit Continuation

Dear [Employee Name],

This letter provides information regarding the status of your employee benefits during your upcoming military leave of absence, effective [Start Date].

Health Insurance:
Your health insurance coverage will continue through [Date]. After this date, you have the option to elect COBRA or USERRA health benefit continuation for up to 24 months. If your leave is for less than 31 days, your coverage will continue as if you were still working.

Premium Payments:
While on leave, you are responsible for the employee portion of your benefit premiums. Please indicate your preferred payment method:
- Direct payment via check sent to HR monthly.
- Catch-up deductions from your paycheck upon your return to work.

Retirement Benefits (401k/Pension):
Contributions will cease during unpaid leave. However, upon your return, you have the right to make up missed contributions as permitted under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Life and Disability Insurance:
[Insert specific company policy regarding the duration of life/disability coverage during military service].

Paid Time Off (PTO):
You may choose, but are not required, to use any accrued vacation or PTO during your military leave. Please notify us if you wish to apply [Number] hours of PTO to this absence.

Please contact the Human Resources Department at [Phone Number] or [Email Address] to confirm your elections or if you have any questions regarding your rights under USERRA.

We thank you for your service.

Sincerely,

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