[Company Name]
[HR Department Address]
[City, State, Zip Code]
[Date]

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

Subject: Continuation of Benefits During Workers' Compensation Leave

Dear [Employee Name],

We are writing to provide you with information regarding your employee benefits while you are on leave due to a work-related injury/illness, effective [Leave Start Date].

While you are receiving Workers' Compensation benefits, your status regarding company-sponsored insurance coverage is as follows:

1. Health, Dental, and Vision Insurance
Your current enrollments will continue during your leave. However, because you are not receiving a regular paycheck from the company, the "employee portion" of the premiums normally deducted from your pay must be paid directly by you to remain active.

- Monthly Premium Amount Due: $[Amount]
- Payment Due Date: [Date/Day of each month]
- Payment Method: [Instructions on where to send checks or how to pay online]

2. Life and Disability Insurance
[Specify if the company continues to pay these or if the employee must take over payments.]

3. Retirement Plans (401k)
Contributions to your retirement account will cease while you are not receiving a taxable wage from the company. Loan repayments, if applicable, must be handled as follows: [Details].

4. Leave Accrual
Please note that [Vacation/Sick] time [will/will not] continue to accrue during this period of leave.

Failure to make timely premium payments may result in the cancellation of your coverage. If your leave extends beyond [Number] weeks, we will re-evaluate your benefit eligibility under [FMLA/State Law/Company Policy].

Please contact the Human Resources department at [Phone Number] or [Email Address] if you have questions regarding your benefits or to coordinate your return to work.

Sincerely,

[Sender Name]
[Sender Title]