

[Date]

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

Subject: Notification of Short-Term Disability (STD) Benefit Exhaustion

Dear [Employee Name],

We are writing to inform you that your Short-Term Disability (STD) benefits are scheduled to exhaust on [Date]. According to our records, you have reached the maximum duration of benefits allowed under the company policy.

Please be advised of the following next steps regarding your employment and benefits status:

- **Long-Term Disability (LTD):** If you are unable to return to work and have coverage, you may be eligible to transition to Long-Term Disability. Please contact [Insurance Provider Name] at [Phone Number] to begin the claim process if you have not already done so.
- **Medical Documentation:** If you intend to return to work, you must provide a medical release from your healthcare provider by [Date]. This documentation should outline any necessary work restrictions or accommodations.
- **Employment Status:** Please contact the Human Resources department by [Date] to discuss your current health status and your ability to return to your position. Failure to contact us or provide updated medical certification may impact your continued employment.

If you have any questions regarding your benefits, COBRA eligibility, or the transition process, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

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