[Date]

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

Subject: Continuation of Benefits During Unpaid Personal Leave

Dear [Employee Name],

This letter confirms the arrangements for your benefits coverage during your approved unpaid personal leave of absence, effective from [Start Date] to [End Date].

While on unpaid leave, you remain eligible to continue your participation in the company's group insurance plans. However, because you will not be receiving a salary, the company cannot perform standard payroll deductions for your portion of the benefit premiums.

To maintain your coverage, you are required to pay your monthly premium contributions as follows:

- **Medical Insurance:** $[Amount]
- **Dental Insurance:** $[Amount]
- **Vision Insurance:** $[Amount]
- **Other:** $[Amount]
- **Total Monthly Payment:** $[Total Amount]

Payments are due on the [Day] of each month. Please make checks payable to [Company Name] and mail them to the Human Resources Department at [Company Address].

Failure to submit payment within [Number] days of the due date may result in the termination of your benefit coverage. If your coverage is terminated due to non-payment, you may not be able to re-enroll until the next Open Enrollment period or until you return to active work status.

Please sign and return one copy of this letter to acknowledge that you understand the terms of your benefits continuation.

If you have any questions, please contact the HR Department at [Phone Number] or [Email Address].

Sincerely,

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

Employee Acknowledgment:

I acknowledge receipt of this letter and agree to the payment terms outlined above to maintain my benefit coverage.

Signature: _____ Date: _____