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

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

Subject: Confirmation of Benefits Continuation During Parental Leave

Dear [Employee Name],

This letter is to confirm the status of your employee benefits during your upcoming [Maternity/Paternity] leave, starting on [Start Date] and ending on [Expected Return Date].

During your leave of absence, [Company Name] will continue to provide the following benefits:

- **Health Insurance:** Coverage will remain active. You are responsible for your portion of the monthly premium, totaling $[Amount], which will be [deducted from your leave pay / paid via check to HR].
- **Life and Disability Insurance:** These benefits will continue under current policy terms.
- **Retirement Contributions:** [Explain if contributions continue or pause based on paid/unpaid status].
- **Paid Time Off (PTO):** You will [continue to accrue / cease accruing] PTO hours during this period.

Please note that upon your return to work on [Return Date], your benefits will resume through standard payroll deductions. If you decide not to return to the company, you may be responsible for reimbursing the company for premiums paid on your behalf during the leave period.

If you have any questions regarding your coverage or payment arrangements, please contact [HR Contact Name] at [Phone Number] or [Email].

Congratulations and best wishes to you and your family.

Sincerely,

[Signature]
[Name of HR Representative]
[Title]