Date: [Date]

To: [Employee Name]
Employee ID: [ID Number]
Department: [Department Name]

Subject: Continuation of Benefits During Military Leave

Dear [Employee Name],

This letter outlines the status of your employee benefits during your upcoming military leave of absence, effective [Start Date]. In accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and company policy, we are committed to supporting your transition.

Health Insurance:
You may choose to continue your current health, dental, and vision coverage for up to 24 months.

- For leaves lasting less than 31 days, coverage continues as if you were working.
- For leaves exceeding 31 days, you may be required to pay up to 102% of the full premium.

Retirement Plans (401k/Pension):
Your participation in the company retirement plan will be suspended during your leave. However, upon your return and reemployment, you will have the right to make up any missed contributions to the plan as permitted by law.

Life and Disability Insurance:
[Insert specific company policy regarding whether these benefits continue or are suspended].

Paid Time Off (PTO) and Seniority:
You are not required to use your accrued vacation or PTO during your military leave, though you may choose to do so. Your seniority and service-related accrual rates will be preserved as if you had remained continuously employed.

Action Required:
Please complete the attached "Benefits Election Form" by [Deadline Date] to indicate which coverages you wish to continue and to arrange for premium payments.

If you have any questions regarding your benefits or the reemployment process, please contact the Human Resources Department at [Phone Number/Email].

Thank you for your service to our country.

Sincerely,

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