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

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

Subject: Continuation of Benefits During Sabbatical Leave

Dear [Employee Name],

This letter serves to outline the status of your employee benefits during your approved sabbatical leave, effective from [Start Date] to [End Date].

During your absence, the following benefit arrangements will apply:

1. Health, Dental, and Vision Insurance:
Your coverage will continue throughout your leave. The company will continue to pay its portion of the premiums. You are responsible for your portion of the monthly premiums, totaling $[Amount] per month.

2. Payment Method:
Since your regular payroll deductions will be suspended, please remit your premium payments by [Payment Method, e.g., personal check or electronic transfer] no later than the [Day] of each month.

3. Retirement Plans (401k/Pension):
Contributions to your retirement account will cease during your unpaid leave period, as these are based on earned salary. No employer matching will occur during this time.

4. Life and Disability Insurance:
[State whether these will continue or be suspended].

5. Paid Time Off (PTO) Accrual:
You [will/will not] continue to accrue vacation or sick leave hours while on sabbatical.

Upon your return to work on [Return Date], your regular payroll deductions will resume automatically.

Please sign and return a copy of this letter to acknowledge your understanding of these terms and your commitment to making the necessary premium payments.

Sincerely,

[Name of HR Representative]
[Title]
[Company Name]

Acknowledgment:

_____
[Employee Signature]

_____
[Date]