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

[Date]

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

Subject: Continuation of Benefits During Workers' Compensation Leave

Dear [Employee Name],

We are writing to provide you with information regarding your employee benefits while you are on leave due to a work-related injury, effective [Leave Start Date].

Health and Welfare Benefits
While you are on workers' compensation leave, your enrollment in the company's group health insurance plans (medical, dental, and vision) will continue for a period of [Number of Months/Weeks] or as required by law. During this time, the company will continue to pay its portion of the premium.

Employee Premium Contributions
Because you are not receiving a regular paycheck from the company, your portion of the benefit premiums cannot be deducted automatically. To keep your coverage active, you must pay your share of the monthly premiums, which totals $[Amount] per [Pay Period/Month].

Please send your payment by [Check/Money Order] made payable to [Company Name] by the [Day] of each month to the following address:
[Department/Contact Name]
[Mailing Address]

Other Benefits
[Optional: Mention Life Insurance, 401k, or Disability status here].

Return to Work
Please keep us updated on your medical status. Before returning to work, you will be required to provide a medical release from your healthcare provider outlining any necessary restrictions or confirming you are fit for full duty.

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

Sincerely,

[Signature]
[Name of Sender]
[Title]