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

[Date]

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

Subject: Notification of Benefits Continuation During Paid Leave of Absence

Dear [Employee Name],

This letter is to confirm the status of your employee benefits during your approved paid leave of absence, which is scheduled to begin on [Start Date] and is expected to end on [End Date].

Because you will remain on the company payroll during this period through [Type of Paid Leave, e.g., Short-Term Disability/Paid Parental Leave], your benefit elections will continue without interruption. Please note the following details regarding your coverage:

- **Premium Deductions:** Your portion of the health, dental, vision, and life insurance premiums will continue to be deducted from your paychecks as usual.
- **Employer Contributions:** [Company Name] will continue to pay the employer portion of your insurance premiums during this paid leave.
- **Retirement Contributions:** Your 401(k) or retirement plan contributions will continue based on your current percentage election, provided your pay is sufficient to cover the deduction.
- **Flexible Spending Accounts (FSA/HSA):** Deductions for these accounts will continue for the duration of your paid leave.

If your leave extends beyond your paid leave allotment and transitions into an unpaid status, your benefit obligations may change. We will notify you separately should that occur.

Should you have any questions regarding your benefits or if there are any changes to your expected return-to-work date, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Sender Title]
[Company Name]