[Date]

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

Re: Continuation of Benefits During Non-FMLA Medical Leave

Dear [Employee Name],

This letter is to follow up on your approved medical leave of absence beginning on [Leave Start Date]. As this leave does not qualify under the Family and Medical Leave Act (FMLA), it is being handled under [Company Name]'s [Name of Policy, e.g., Medical Leave of Absence] policy.

Regarding your health and welfare benefits, the following terms apply during your leave period:

Benefit Coverage:
Your current benefit elections will remain in effect through [Date/End of Month]. To maintain coverage beyond this date, you are responsible for paying your portion of the monthly premiums.

Payment Instructions:
Your monthly premium amount is $[Amount]. Payments are due on the [Day, e.g., 1st] of each month. Please make checks payable to "[Company Name]" and mail them to:

[Department Name/Contact Person]
[Mailing Address]
[City, State, Zip Code]

Failure to Pay:
Please be advised that if payment is more than [Number] days late, your benefits may be terminated effective the last day of the month for which full payment was received.

Return to Work:
Please notify [Department/Contact Name] at least [Number] days prior to your intended return to work date. You will be required to provide a fitness-for-duty certification from your healthcare provider before resuming your duties.

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

Sincerely,

[Name]
[Title]
[Company Name]