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

[Date]

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

Subject: Notification of Benefits Continuation During Educational Leave

Dear [Employee Name],

This letter serves to formally confirm the status of your employee benefits during your approved educational leave of absence, effective from [Start Date] to [End Date].

Regarding your benefits coverage:

- **Health, Dental, and Vision Insurance:** Your current coverage will remain active during your leave. You are responsible for paying your portion of the monthly premiums, totaling $[Amount] per month.
- **Life and Disability Insurance:** These benefits will continue under the same terms as active employment.
- **Retirement Contributions:** Employer contributions will be [suspended/continued] during this period. Personal contributions via payroll will cease unless manual arrangements are made.
- **Paid Time Off (PTO):** Accrual of vacation and sick leave will be [paused/continued] until your return to full-time status.

To ensure uninterrupted coverage, please submit your premium payments to the HR Department by the [Day] of each month. Failure to provide payment may result in the cancellation of your policies.

Upon your return on [Return Date], your benefits will resume through standard payroll deductions. Please notify us at least [Number] days in advance if there are any changes to your expected return date.

If you have any questions regarding your specific plan details, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of HR Representative]
[Title]