[Company Letterhead]

[Date]

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

Subject: Notification of Benefits Continuation During Administrative Leave

Dear [Employee Name],

As previously discussed, you have been placed on administrative leave effective [Start Date]. This letter serves to clarify the status of your employee benefits during this period.

Status of Benefits
While you are on administrative leave, your participation in the company's group benefit plans will continue, provided you remain in an active employment status. This includes your health, dental, vision, and life insurance coverage.

Premium Contributions
[Option A: Paid Leave] - As you are currently on paid leave, your portion of the benefit premiums will continue to be deducted from your payroll checks as usual.

[Option B: Unpaid Leave] - As you are currently on unpaid leave, you are responsible for paying your portion of the monthly benefit premiums. Please submit a check or money order payable to [Company Name] by the [Day] of each month to ensure there is no lapse in coverage.

Retirement Contributions
Employer and employee contributions to the [401k/Retirement Plan] will continue for as long as you are receiving a salary. If your leave becomes unpaid, contributions will cease until you return to active pay status.

Paid Time Off (PTO)
Accrual of vacation, sick leave, or PTO will [continue/be suspended] during the duration of your administrative leave, in accordance with company policy.

Please note that this leave does not constitute a disciplinary action or a guarantee of continued employment. 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,

[Name]
[Title]
[Company Name]