

[Date]

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

**Subject: Notice of Long-Term Disability (LTD) Premium Overpayment Recovery**

Dear [Employee Name],

We are writing to inform you that a recent audit of your payroll records has identified an overpayment regarding your Long-Term Disability (LTD) insurance premiums. Due to an administrative error, the incorrect amount was deducted from your pay during the period of [Start Date] to [End Date].

**Overpayment Details:**

- Total Amount Overpaid by Employer: \$[Amount]
- Reason for Overpayment: [Brief reason, e.g., incorrect rate application/system error]

In accordance with company policy and local labor regulations, we are required to recover these funds. We propose the following repayment schedule to minimize financial impact:

[Option 1: A one-time deduction of \$[Amount] from your paycheck on [Date].]

[Option 2: Installment deductions of \$[Amount] over [Number] pay periods beginning on [Date].]

Please review this information and contact the Payroll Department at [Phone Number] or [Email Address] by [Deadline Date] if you have questions or wish to discuss an alternative repayment arrangement.

We apologize for this error and appreciate your understanding in resolving this matter.

Sincerely,

[Your Name/Signature]  
[Your Title]  
[Company Name]