

[Date]

To: All Employees

From: [Executive Name/HR Department]

Subject: Important Information Regarding Benefits During Company-Wide Furlough

Dear Team,

As previously communicated, [Company Name] will implement a company-wide furlough beginning on [Start Date] and tentatively ending on [End Date]. We understand that this transition brings questions regarding your employee benefits. This letter outlines how your coverage will be handled during this period.

### **Health, Dental, and Vision Insurance**

Your health, dental, and vision insurance coverage will remain active during the furlough period. To maintain this coverage, the employee portion of the premiums must continue to be paid. [Company Name] will [choose one: continue to pay the employer portion / pay both portions and deduct the balance from your future paychecks].

### **Retirement Savings (401k/403b)**

Since you will not be receiving a salary during the furlough, contributions to your retirement account will automatically pause. Any outstanding 401(k) loans may require manual payments. Please contact [Provider Name] for specific instructions.

### **Paid Time Off (PTO) and Vacation**

[Choose one: You are / You are not] permitted to use accrued PTO during the furlough period. Accruals for PTO will [continue / be suspended] until you return to active status.

### **Life and Disability Insurance**

[Company Name] will continue to provide basic life and disability insurance coverage during the furlough period at no cost to you.

### **Unemployment Benefits**

You may be eligible to receive unemployment insurance benefits during this furlough. We encourage you to contact your state's unemployment office immediately to determine your eligibility and file a claim.

### **Flexible Spending Accounts (FSA/HSA)**

Contributions to your FSA or HSA will pause during the furlough. However, you can still access existing funds for eligible expenses incurred during this time.

We remain committed to supporting you through this period. If you have specific questions regarding your personal benefits package, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]  
[Name]  
[Title]