

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

[Date]

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

Subject: Notification of Benefits Continuation During Furlough

Dear [Employee Name],

As previously discussed, your furlough period is scheduled to begin on [Start Date] and is currently expected to end on [End Date/TBD]. This letter provides important information regarding the status of your employee benefits during this time.

Health and Welfare Benefits

Your medical, dental, and vision insurance coverage will continue through [Date/End of Furlough Period]. To maintain this coverage, you are responsible for paying your portion of the monthly premiums. [Company Name] will continue to pay the employer portion of these premiums.

Payment Instructions

Your monthly contribution amount is \$[Amount]. Please remit payment by [Due Date] each month to: [Department/Address/Online Portal]. Failure to make timely payments may result in the termination of your coverage.

Retirement Plans (401k)

Contributions to your retirement account will cease during the furlough period as there will be no payroll deductions. Any outstanding 401(k) loans may require manual repayments to avoid default. Please contact [Plan Provider] at [Phone Number] for more information.

Paid Time Off (PTO)

Accrual of vacation, sick leave, and PTO will be [Suspended/Continued] during the furlough period. You [Will/Will Not] be permitted to use accrued PTO to supplement your income during this time.

Life Insurance and Disability

Company-provided life insurance and disability coverage will [Continue/Be Suspended] effective [Date].

If you have any questions regarding your specific benefit plans or the payment process, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Sender Title]

[Company Name]