

[Company Name]

[Company Address]

[City, State, Zip Code]

[Date]

Dear [Employee Name],

As previously discussed, your furlough will begin on [Start Date]. This letter provides an overview of how your employee benefits will be affected during this period.

1. Health Insurance

Your medical, dental, and vision coverage will [continue / be suspended] during the furlough period. [If continuing: The company will continue to pay the employer portion of the premiums. You will be responsible for your portion of the premiums, which must be paid by [Payment Method/Due Date].]

2. Retirement Plans (401k)

Contributions to your 401(k) plan will stop during the furlough as there will be no payroll deductions. Your existing balance will remain in the account subject to market fluctuations.

3. Paid Time Off (PTO) / Vacation

Your PTO accrual will be [paused / continued] during the furlough. You [are / are not] permitted to use accrued PTO to supplement your income during this time.

4. Life and Disability Insurance

The company-provided life and disability insurance will remain [active / inactive] until [Date].

5. Unemployment Benefits

Because this is a mandatory furlough, you may be eligible for unemployment insurance benefits through the state. We encourage you to contact the [State Agency Name] to file a claim as soon as possible.

6. Return to Work

We currently anticipate the furlough to end on [End Date], though this is subject to change. We will keep you updated regarding your return-to-work status.

If you have any questions regarding these benefits, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Sender Title]