

[Company Letterhead]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Continuation of Life Insurance Coverage During Furlough

Dear [Employee Name],

As a follow-up to our notification regarding your furlough effective [Start Date], we are writing to clarify the status of your group life insurance benefits during this period.

Your life insurance coverage under the [Company Name] group plan will continue during your furlough for a period of up to [Number] months, provided you continue to pay your portion of the premium. The details of your coverage and payment obligations are as follows:

- **Current Life Insurance Benefit:** \$[Amount]
- **Employee Premium Amount:** \$[Amount] per [Month/Pay Period]
- **Payment Due Date:** [Date]

To ensure your coverage does not lapse, please send a check or money order payable to [Company Name] to the following address:

[Department Name/Contact Person]

[Mailing Address]

[City, State, Zip Code]

Failure to make timely premium payments may result in the termination of your life insurance policy. If your coverage is terminated, you may be required to provide evidence of insurability to reinstate coverage upon your return to active work.

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]