

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

[Date]

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

**Subject: Return to Work and Benefits Reinstatement Notice**

Dear [Employee Name],

We are pleased to formally invite you to return to your position as [Job Title] effective [Return Date]. Your supervisor will be [Supervisor Name].

Regarding your employee benefits, please review the following information concerning your reinstatement:

- **Health Insurance:** Your [Medical/Dental/Vision] coverage will be reinstated effective [Date]. [Mention if premiums are owed or if enrollment forms are required].
- **Retirement Plan:** Your participation in the [401k/Pension Plan] will resume as of [Date].
- **Paid Time Off (PTO):** Your accrued balance of [Number] hours has been restored. You will begin accruing additional time as of your return date.
- **Life and Disability Insurance:** Coverage will resume effective [Date] under the previous terms.

Please note that any benefits that require employee contributions will result in deductions from your first paycheck on [Pay Date].

If you have any questions regarding your benefits package or the return-to-work process, please contact the Human Resources department at [Phone Number] or [Email Address].

We look forward to having you back on the team.

Sincerely,

[Sender Signature]

[Sender Name]  
[Title]