

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notice of Suspension of Benefits During Furlough

Dear [Employee Name],

As previously communicated, your furlough period is scheduled to begin on [Start Date]. This letter serves as formal notification regarding the status of your employee benefits during this time.

Please be advised of the following changes to your coverage:

- **Health Insurance:** Your medical, dental, and vision coverage will be suspended effective [Date]. You will receive a separate notice regarding your rights to continue coverage under COBRA.
- **Retirement Contributions:** Company contributions to your [401k/Pension] plan and payroll deductions will cease for the duration of the furlough.
- **Paid Time Off (PTO):** Accrual of vacation, sick leave, and personal time will be paused effective [Date].
- **Life and Disability Insurance:** Coverage under company-paid life and disability plans will be suspended effective [Date].

Your benefits are expected to be reinstated upon your return to active employment on [Projected Return Date, if applicable], subject to the terms of the insurance providers and company policy.

If you have questions regarding your specific coverage or the COBRA enrollment process, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Company Name]