

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

[Date]

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

Subject: Important Notice Regarding Health Insurance Benefits During Furlough

Dear [Employee Name],

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

Please be advised that your health insurance coverage through [Insurance Provider Name] will be suspended effective [Suspension Date].

Key Information:

- **Last Day of Coverage:** Your current coverage will remain active through [Last Date of Coverage].
- **COBRA Eligibility:** You will receive a separate enrollment packet via mail regarding your right to continue coverage under COBRA. This packet will include information on monthly premiums and instructions on how to elect coverage.
- **Life Events:** Loss of coverage is considered a "Qualifying Life Event," which may allow you to enroll in a spouse's plan or a plan through the Health Insurance Marketplace.
- **Reinstatement:** Upon your return to active employment, your benefits will be eligible for reinstatement according to the terms of our company policy and provider guidelines.

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

Sincerely,

[Sender Name]
[Title]
[Company Name]