

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Subject: Notice of Welfare Benefits Suspension During Furlough

Dear [Employee Name],

As previously discussed, your furlough period is scheduled to begin on [Start Date] and is expected to continue until [End Date/To Be Determined].

This letter serves as formal notification regarding the status of your company-provided welfare benefits during this furlough period. Please review the following details carefully:

1. Health and Welfare Benefits Suspension

Effective [Date], your coverage under the following plans will be suspended:

- [List Plan, e.g., Medical/Dental/Vision Insurance]
- [List Plan, e.g., Group Life Insurance]
- [List Plan, e.g., Short/Long-Term Disability]

2. COBRA/Continuing Coverage

Due to the suspension of active benefits, you may be eligible to continue coverage through COBRA. You will receive a separate enrollment packet via mail from [Benefit Provider Name] detailing costs and election deadlines.

3. Flexible Spending Accounts (FSA) / Health Savings Accounts (HSA)

Contributions to your [FSA/HSA] will cease as of [Date]. Please contact [Department Name] regarding the use of remaining funds during your furlough.

4. Reinstatement of Benefits

Upon your return to active employment, your welfare benefits will be reinstated effective [Policy, e.g., the first day of the month following your return], subject to plan eligibility requirements.

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

Sincerely,

[Sender Name]

[Title]

[Company Name]