

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

[Date]

[Employee Name]
[Employee Address]

RE: Furlough Benefits Suspension and Reinstatement Terms

Dear [Employee Name],

As discussed, your employment with [Company Name] will be placed on furlough status effective [Start Date]. This letter outlines the terms regarding the suspension and eventual reinstatement of your employee benefits during this period.

1. Health Insurance (Medical, Dental, Vision)

Your current health insurance coverage will remain active through [End Date of Coverage]. Effective [Suspension Date], your coverage will be suspended. You will receive a separate notice regarding your rights to continue coverage under COBRA.

2. Retirement Plans (401k/Pension)

Contributions to your retirement account will cease as of your last regular paycheck on [Date]. Any employer matching contributions will also be suspended during the furlough period. Your account balance will remain in the plan subject to market fluctuations.

3. Paid Time Off (PTO) and Vacation

Accrual of PTO, vacation, and sick leave will be suspended starting [Date]. Your existing balance of [Number] hours will be [preserved for use upon return / paid out on your final pre-furlough check].

4. Life and Disability Insurance

Company-paid life and disability insurance will be suspended effective [Date]. You may have the option to convert these to individual policies at your own expense.

5. Reinstatement of Benefits

Upon your return to active employment on [Expected Return Date or "TBD"], your benefits will be reinstated as follows:

- Medical coverage will resume on the first day of the month following your return.
- PTO accrual will resume at your previous rate.
- Waiting periods for eligibility will be waived, provided you return within [Number] months.

Please note that all reinstatement terms are subject to the specific terms and conditions of our insurance providers and plan documents.

If you have any questions regarding these changes, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of HR Representative]

[Title]