

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

[Date]

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

**Subject: Notification of Benefits Adjustment and Suspension during Partial Furlough**

Dear [Employee Name],

As previously communicated, your employment status has transitioned to a partial furlough effective [Start Date]. This letter serves to formally outline the adjustments and suspensions regarding your employee benefits during this period.

**1. Health and Welfare Benefits**

While you remain on partial furlough, your enrollment in [List Specific Plans, e.g., Medical, Dental, Vision] will continue. However, because your hours have been reduced, your payroll deductions will be adjusted as follows: [Detail adjustment or instruction for manual payment].

**2. Retirement Plans (401k/Pension)**

Contributions to your retirement account will continue based on your actual earnings. Please note that company matching contributions may be reduced proportionally to your earned income.

**3. Paid Time Off (PTO) and Vacation Accrual**

Effective [Date], your accrual of [PTO/Vacation/Sick Leave] will be [Suspended / Reduced to a pro-rated basis] until you return to full-time status.

**4. Life and Disability Insurance**

[State status: e.g., Coverage will remain active based on your pre-furlough salary OR Coverage will be suspended effective Date].

**5. Flexible Spending Accounts (FSA/HSA)**

Your contributions will continue at your current rate unless you experience a qualifying life event or your reduced wages are insufficient to cover the deduction.

We understand that this is a challenging time. If you have questions regarding specific coverage levels or how to make manual premium payments, please contact the Human Resources Department at [Phone Number] or [Email Address].

We appreciate your continued contributions and hope to return to normal operations as soon as possible.

Sincerely,

[Name]

[Title]

[Company Name]