

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

[Date]

[Employee Name]
[Employee ID]
[Employee Address]

Subject: Notification of Benefits Restoration

Dear [Employee Name],

Following your recent reinstatement from furlough effective [Reinstatement Date], we are pleased to confirm the restoration of your employee benefits package.

Your enrollment in the following benefit programs has been reactivated:

- [Health/Medical Insurance]
- [Dental and Vision Insurance]
- [Life and Disability Insurance]
- [Retirement/401k Contributions]
- [Other Specific Benefit]

Key Details:

- **Coverage Effective Date:** Your coverage is effective as of [Date].
- **Accruals:** Your Paid Time Off (PTO) and sick leave accrual rates will resume at the levels held prior to your furlough.
- **Seniority:** Your original hire date and seniority status remain unchanged.

Please log in to the [Company Portal/Benefits System] by [Deadline Date] to review your current beneficiaries and ensure all personal information is up to date. If any action is required on your part to re-enroll in specific voluntary plans, please complete the attached forms.

If you have any questions regarding your coverage or the restoration process, please contact the Human Resources department at [Phone Number] or [Email Address].

Welcome back to the team.

Sincerely,

[Sender Name]
[Title]
[Company Name]