

[Date]

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

Subject: Acceptance of Voluntary Layoff and Benefits Continuation Information

Dear [Employee Name],

This letter is to formally confirm that [Company Name] has accepted your application for the voluntary layoff program. Your final day of employment will be [Last Working Date].

As part of this agreement, please find the details regarding the continuation of your benefits below:

1. Health, Dental, and Vision Insurance

Your current coverage will continue through [Date]. After this date, you will be eligible to continue coverage through COBRA. You will receive a separate enrollment packet via mail with instructions on how to elect this coverage and the associated costs.

2. Retirement Benefits

Your participation in the [401k/Pension Plan] will cease as of your last day. You will receive information regarding your vested balance and options for distribution or rollover within [Number] days of your departure.

3. Life and Disability Insurance

Company-paid life and disability insurance will end on [Date]. You may have the option to convert these to individual policies. Please contact [Department/Contact Person] for conversion forms.

4. Unused Paid Time Off (PTO)

Any accrued but unused [Vacation/PTO] hours will be paid out to you in your final paycheck, subject to standard tax withholdings.

5. Severance Pay

Per the voluntary layoff agreement, you are eligible for [Amount/Weeks] of severance pay. This is contingent upon the signing and return of the attached Release of Claims form by [Deadline Date].

If you have any questions regarding your benefits or the transition process, please contact the Human Resources Department at [Phone Number] or [Email Address].

We thank you for your service to [Company Name] and wish you the best in your future endeavors.

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]