

[Date]

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

Subject: Acceptance of Resignation and Transition of Benefits

Dear [Employee Name],

This letter is to formally acknowledge and accept your resignation from your position as [Job Title] at [Company Name], effective [Last Working Day]. We understand that this decision is based on health-related reasons, and we wish you a full and speedy recovery.

Regarding the transition of your benefits, please find the following information:

- **Health Insurance:** Your current coverage will remain active until [Date]. Following this, you will be eligible for COBRA continuation coverage. You will receive a separate enrollment packet via mail.
- **Life and Disability Insurance:** Coverage will terminate on your last day of employment. Information regarding the conversion of these policies is attached.
- **Retirement Plan (401k/Pension):** You will receive a statement regarding your vested balance and distribution options within [Number] days.
- **Final Paycheck:** Your final paycheck, including payment for any accrued but unused vacation time, will be issued on [Date] via [Payment Method].

Please return all company property, including [list items like keys, laptop, ID badge], to the Human Resources department by your final day.

If you have any questions regarding your benefits or the transition process, please contact [HR Contact Name] at [Phone Number] or [Email Address].

We thank you for your contributions to [Company Name] and wish you the very best in managing your health and in your future endeavors.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title]  
[Company Name]