[Date]

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

Subject: Notice of Employment Termination Due to Long-Term Disability Transition

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is being terminated, effective [Effective Date].

As you are aware, you have been on a leave of absence since [Leave Start Date]. Based on our recent communications and the documentation provided, it is understood that your medical condition prevents you from returning to your position, even with reasonable accommodations, at this time. Furthermore, your transition to Long-Term Disability (LTD) benefits through [Insurance Provider Name] has been confirmed.

Because your leave has exceeded the job protection period provided under [FMLA/State Law/Company Policy] and we are unable to hold your position indefinitely, we must move forward with this administrative termination to close your employment record.

Regarding your benefits and final steps:

- **LTD Benefits:** Your transition to LTD will continue as per your agreement with [Insurance Provider Name]. This termination of employment does not cancel your approved LTD claim.
- **Final Pay:** You will receive a final paycheck on [Date] which includes payment for hours worked and any accrued, unused vacation time.
- **Health Insurance:** Your company-sponsored health benefits will end on [Date]. You will receive a separate notice regarding COBRA continuation coverage.
- **Company Property:** Please arrange for the return of [List items: laptop, keys, ID badge] by [Date].

We appreciate the contributions you made during your time with [Company Name] and wish you the best in your recovery and future endeavors.

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

Sincerely,

[Signature]
[Name of Sender]
[Title]