

[Company Letterhead]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Re: Notice of Involuntary Separation due to Medical Disability

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] will be terminated effective [Termination Date]. This decision is based on your current medical disability, which prevents you from performing the essential functions of your position, with or without reasonable accommodation.

We have reviewed all available medical documentation and have determined that no further accommodations are feasible at this time. As a result, we are initiating an involuntary medical disability severance.

As part of this separation, you are entitled to the following:

- **Severance Pay:** You will receive a lump sum payment of \$[Amount], less applicable taxes.
- **Final Wages:** Your final paycheck, including all hours worked and accrued vacation time, will be paid on [Date].
- **Benefits:** Your health insurance coverage will continue until [Date]. You will receive a separate notice regarding your rights to COBRA.
- **Retirement Plans:** Information regarding your [401k/Pension] will be mailed to you by the plan administrator.

To receive the severance pay mentioned above, you must sign and return the enclosed Separation Agreement and Release of Claims by [Deadline Date].

Please return all company property, including keys, badges, and electronic equipment, to [Department/Name] by [Date].

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

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]

Enclosure: Separation Agreement and Release of Claims