

Date: [Insert Date]

To: [Employee Name]

Address: [Employee Address]

Subject: Mutual Separation Agreement and Benefits Continuation

Dear [Employee Name],

This letter outlines the terms of your mutual separation from [Company Name], effective [Last Working Date]. As part of the separation agreement, the following benefits continuation and severance terms are provided:

1. Severance Payment

The Company will provide a gross severance payment of \$[Amount], subject to applicable taxes and withholdings. This payment will be made on [Date/Final Pay Period].

2. Health Insurance Continuation

Your current health insurance coverage will continue through [Date]. After this period, you will be eligible to continue coverage via COBRA. The Company agrees to pay the employer portion of your premiums for a period of [Number] months.

3. Retirement Benefits

Information regarding your [401k/Pension] plan and the process for rolling over or withdrawing funds will be sent to you under separate cover by [Provider Name].

4. Unused Paid Time Off (PTO)

You will be compensated for [Number] hours of accrued but unused vacation time, which will be included in your final paycheck.

5. Company Property

Please return all company property (laptop, keys, badges) by [Date].

6. Confidentiality and Release

This agreement is contingent upon the signing of the attached General Release of Claims and the continued adherence to your non-disclosure obligations.

Please sign and return a copy of this letter by [Deadline Date] to signify your acceptance of these terms.

Sincerely,

[Signature]

[Name of Authorized Representative]

[Title]

[Company Name]

Employee Acceptance:

I accept the terms of the separation and benefits continuation as outlined above.

Signature: _____ Date: _____