

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

[Date]

[Executive Name]
[Home Address]
[City, State, Zip Code]

Re: Confirmation of Severance Payment and Benefits

Dear [Executive Name],

This letter serves as formal confirmation of the severance payment and benefits being provided to you by [Company Name] (the "Company") in connection with the termination of your employment effective [Separation Date].

Pursuant to the terms of your [Employment Agreement/Severance Agreement] dated [Date], the Company confirms the following:

- **Severance Pay:** A gross lump sum payment of \$[Amount], less applicable tax withholdings and deductions.
- **Bonus/Incentives:** [Details of pro-rated bonus or performance incentives, if applicable].
- **Health Benefits:** Coverage under the Company's group health plan will continue through [Date], followed by your right to elect COBRA coverage.
- **Equity/Stock Options:** [Details regarding vesting, exercise periods, or forfeiture of shares].
- **Outplacement Services:** [Details of services provided, if applicable].

The aforementioned severance payment will be issued on [Payment Date] via [Direct Deposit/Check], provided that the signed Release of Claims has been executed and the statutory revocation period has expired.

Please note that all confidentiality, non-solicitation, and non-compete obligations outlined in your original Employment Agreement remain in full force and effect.

We thank you for your contributions to the Company and wish you success in your future endeavors.

Sincerely,

[Signature]

[Name of Authorized Representative]

[Title]

[Company Name]