

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

[Date]

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

Re: Severance Benefit Agreement

Dear [Employee Name],

This letter outlines the severance benefits offered to you by [Company Name] in connection with the termination of your employment effective [End Date].

**1. Severance Payment:** The Company will provide you with a severance payment in the gross amount of \$[Amount]. This amount is subject to applicable taxes and withholdings and will be paid [as a lump sum / in installments] starting on [Date].

**2. Health Benefits:** Your current health insurance coverage will continue through [Date]. After this period, you may be eligible to continue coverage under COBRA at your own expense.

**3. Outplacement Services:** The Company will provide you with [Number] months of outplacement assistance through [Service Provider Name] to assist in your transition.

**4. Unused Vacation:** You will be paid for all accrued but unused vacation time up to your final date of employment, totaling [Number] hours.

**5. Release of Claims:** The payment of the severance benefits described above is contingent upon your signing and not revoking the attached Separation Agreement and General Release of Claims by [Deadline Date].

**6. Return of Property:** This offer is also contingent upon the return of all company property, including keys, laptop, and identification badges, by [Date].

Please review the attached agreement carefully. If you choose to accept this offer, please sign and return the document to [Contact Name] at [Email/Address].

We thank you for your contributions to [Company Name] and wish you success in your future endeavors.

Sincerely,

[Name]

[Title]

[Company Name]