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

[Date]

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

Subject: Extension of Severance Benefits

Dear [Employee Name],

This letter serves as a formal amendment to your original separation agreement dated [Original Agreement Date]. [Company Name] has decided to extend your severance benefit period.

The details of the extension are as follows:

- **Extended Termination Date:** Your employment will now officially end on [New End Date].
- **Additional Severance Pay:** You will receive an additional [Number] weeks/months of severance pay, totaling $[Amount].
- **Benefit Coverage:** Your [Health/Dental/Vision] insurance coverage will be extended through [Date].
- **Payment Schedule:** These additional payments will be distributed via [Lump Sum/Standard Payroll Cycle] starting on [Date].

All other terms and conditions outlined in your original separation agreement, including confidentiality and non-disparagement clauses, remain in full effect.

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

Sincerely,

[Name of Sender]
[Title]
[Company Name]

Acknowledgment and Acceptance:

_____
[Employee Signature]

[Date]