[Company Letterhead or Sender Address]

[Date]

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

Subject: Extension of Health Insurance Coverage

Dear [Employee Name],

As part of your severance agreement dated [Date of Severance Agreement], this letter serves to confirm the extension of your health insurance benefits following your separation from [Company Name].

Your current enrollment in the company-sponsored medical, dental, and vision plans will be extended for a period of [Number] months. This extension period will begin on [Start Date] and is scheduled to expire on [End Date].

During this extension period:

- The company will continue to pay the employer portion of the premium.
- [Specify if employee must pay their portion or if the company covers 100%].
- Your coverage levels and dependents will remain the same as of your last day of active employment.

Following the expiration of this extension on [End Date], you will receive a separate notice regarding your rights to continue coverage under COBRA (or applicable state continuation laws) at your own expense.

Please contact the Human Resources Department at [Phone Number] or [Email Address] if you have any questions regarding your benefits or the transition process.

Sincerely,

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