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

[Date]

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

Subject: Extension of Temporary Severance Benefits

Dear [Employee Name],

This letter serves as formal notification that [Company Name] has elected to extend your temporary severance benefits. This extension is related to your separation from the company effective [Original Separation Date].

Your current benefits, which were originally scheduled to conclude on [Original End Date], will now be extended through [New End Date].

Extension Details:

- **Severance Pay:** You will receive additional payments totaling [Amount] to be paid on [Payment Dates].
- **Health Insurance (COBRA):** The company will continue to subsidize your health insurance premiums until [New Date].
- **Other Benefits:** [List any other extended benefits, such as outplacement services].

All other terms and conditions outlined in your original Severance Agreement signed on [Date] remain in full effect. This extension is granted at the company's discretion and does not create a contract for continued employment.

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

If you have any questions regarding this extension, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Sender]
[Title]

Acknowledgment:

I, [Employee Name], acknowledge and accept the extension of severance benefits as described above.

Signature: _____ Date: _____