[Company Letterhead]

[Date]

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

Subject: Extension of Severance Benefits

Dear [Employee Name],

This letter serves as official notification that [Company Name] has elected to extend your severance benefits beyond the original end date previously communicated to you on [Original Notification Date].

The details of your benefit extension are as follows:

- **Extended Severance Period:** Your severance payments will now continue until [New End Date].
- **Payment Schedule:** Payments will continue to be distributed via [Direct Deposit/Check] on the company's standard payroll cycle.
- **Health Insurance Extension:** Your [COBRA/Medical] premium subsidies have been extended through [Date].
- **Outplacement Services:** Access to outplacement support services has been extended until [Date].

All other terms and conditions outlined in your original Severance Agreement, signed on [Date], remain in full force and effect. This extension is granted as a [one-time gesture/result of contract adjustment] and does not imply further extensions beyond the dates listed above.

If you have any questions regarding these changes, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Authorized Official]
[Title]
[Company Name]