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

[Date]

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

Subject: Final Extension of Severance Benefits

Dear [Employee Name],

This letter serves as formal notification regarding a final extension of your severance benefits following your separation from [Company Name] on [Original Separation Date].

The company has decided to grant a final extension of your current severance package. The new terms are as follows:

- **Extended Termination Date:** [New End Date]
- **Additional Compensation:** [Amount or number of weeks]
- **Benefit Coverage Extension:** [Details of health/dental/life insurance extension]

Please note that this is the final extension that will be granted. All other terms and conditions outlined in your original Severance Agreement, including confidentiality and non-disparagement clauses, remain in full effect.

To accept this extension, please sign and return the enclosed amendment by [Deadline Date]. If we do not receive the signed document by this time, your benefits will conclude as previously scheduled on [Current End Date].

If you have any questions regarding your benefits or the transition process, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

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

Acknowledgment:

I, [Employee Name], accept the terms of this final severance extension.

Signature: _____ Date: _____