[Date]

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

Subject: Approval of Severance Benefits Extension

Dear [Employee Name],

This letter is to formally notify you that your request for an extension of your severance benefits has been approved.

Your current benefit coverage, which was originally scheduled to end on [Original End Date], will now be extended through [New End Date].

The following benefits are included in this extension:

- [Benefit 1, e.g., Severance Pay]
- [Benefit 2, e.g., Health Insurance/COBRA Subsidy]
- [Benefit 3, e.g., Outplacement Services]

All other terms and conditions outlined in your original separation agreement remain in effect. No further extensions will be granted beyond the new date specified above.

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

Sincerely,

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