[Company Letterhead]

[Date]

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

Re: Important Information Regarding Your Benefits Transition during Phased Retirement

Dear [Employee Name],

This letter outlines the changes to your employee benefits as you transition into your Phased Retirement agreement, effective [Start Date]. As your scheduled hours change to [Number of Hours] per week, please review the following adjustments to your coverage:

Health and Dental Insurance:
Your eligibility for [Medical/Dental Provider] will [continue/change]. Your premium contributions will be adjusted based on your new part-time status. The new payroll deduction will be $[Amount] per pay period.

Retirement Savings Plans (401k/Pension):
You remain eligible to contribute to the [Plan Name]. Please note that employer matching contributions will be based on your actual phased retirement earnings. If you intend to begin partial withdrawals, please contact [Department/Provider] to complete the required distribution forms.

Life and Disability Insurance:
Benefit amounts for Life Insurance and Long-Term Disability are calculated based on your annual salary. Your coverage levels will be adjusted to reflect your phased retirement salary of $[Amount].

Paid Time Off (PTO) and Sick Leave:
Accrual rates for PTO will be prorated based on your reduced hours. Your new accrual rate will be [Number] hours per [Month/Pay Period].

Next Steps:
Please review the attached "Benefits Transition Summary" for a detailed comparison of your current and future coverage. You are required to sign and return the acknowledgment form by [Date].

If you have questions regarding these transitions, please contact the Human Resources Benefits Team at [Phone Number] or [Email Address].

Thank you for your continued service during this transition period.

Sincerely,

[Sender Name]
[Title]
[Company Name]