

[Company Letterhead/Logo]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Confirmation of Transition from Short-Term to Long-Term Disability Benefits

Dear [Employee Name],

This letter is to formally confirm the transition of your disability claim from Short-Term Disability (STD) to Long-Term Disability (LTD) benefits.

Our records indicate that your Short-Term Disability benefits are scheduled to conclude on [Date]. As your medical condition continues to prevent you from returning to work, your claim has been reviewed and approved for Long-Term Disability coverage effective [Date], in accordance with the terms of your policy.

Benefit Details:

- **Effective Date:** [Date]
- **Benefit Amount:** [Amount/Percentage of Salary]
- **Payment Frequency:** [Monthly/Bi-Weekly]
- **Carrier/Provider:** [Insurance Company Name]

Please note that Long-Term Disability benefits are subject to ongoing medical reviews. You may be required to provide updated medical documentation from your healthcare provider periodically to remain eligible for benefits.

If you have any questions regarding your benefit payments, tax withholdings, or the status of your claim, please contact [Contact Person/Department Name] at [Phone Number] or [Email Address].

We wish you continued progress in your recovery.

Sincerely,

[Name]

[Title]

[Company Name]