

# Benefits Continuation Information

[Your Company Name]

[Company Address]

[City, State, Zip Code]

[Date]

Dear [Employee's Name],

This letter serves as a formal notification regarding the continuation of your benefits following your recent [termination/resignation] from [Your Company Name]. We appreciate your contributions during your time with us.

As per the company policy and applicable laws, you are eligible to continue your health benefits under COBRA. The detailed information regarding your options, costs, and instructions for enrolling are enclosed with this letter.

Please take the time to review the information carefully. You have [X days] from the date of this letter to elect continuation coverage. If you have any questions or need further assistance, do not hesitate to contact our HR department at [HR Contact Number] or [HR Email Address].

Thank you once again for your service, and we wish you all the best in your future endeavors.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]