

Insurance Layoff Policy Details

Date: [Insert Date]

To: [Employee Name]

Position: [Employee Position]

Department: [Department Name]

Dear [Employee Name],

As part of our ongoing commitment to support our workforce during uncertain times, we would like to provide you with important details regarding our Insurance Layoff Policy.

Policy Overview

Our Insurance Layoff Policy outlines the benefits and provisions available to employees affected by layoffs.

Key Benefits

- **Health Insurance Continuation:** Employees will receive continuation of health insurance coverage for up to [number] months.
- **Severance Pay:** Eligible employees will receive severance pay equivalent to [specify formula or duration].
- **Job Placement Assistance:** We offer resources and support for finding new employment opportunities.

Eligibility Requirements

To be eligible for the benefits outlined in this policy, employees must meet the following criteria:

- Have been employed for a minimum of [duration].
- Be part of the affected workforce during the layoff period.

Next Steps

If you believe you are eligible for these benefits, please contact [HR Contact Information] to discuss your options.

We appreciate your contributions to the company and are here to support you during this transition.

Sincerely,

[Your Name]

[Your Position]

[Company Name]