

Insurance Layoff Policy Notification

Date: [Insert Date]

To: [Employee Name]

Position: [Employee Position]

Department: [Employee Department]

Dear [Employee Name],

We regret to inform you that due to [reason for layoff, e.g., economic downturn, company restructuring], [Company Name] has to implement a layoff policy that will affect several employees, including your position.

As part of our commitment to supporting you during this transition, we would like to outline the insurance layoff policy as it applies to you:

- **Eligibility:** You will remain eligible for [describe insurance benefits, e.g., health insurance, dental insurance] until [duration, e.g., end of the month, a specific date].
- **Continuation of Coverage:** You have the option to continue your health insurance coverage under COBRA for a period of [duration] at your own expense. Detailed information will be provided to you separately.
- **Severance Package:** [Briefly describe any severance package details, if applicable].

We understand that this is a challenging time, and we encourage you to contact [HR Contact Name, HR Department] at [HR Contact Email/Phone] should you have any questions regarding the layoff policy or your insurance coverage.

Thank you for your hard work and dedication to [Company Name]. We wish you the best in your future endeavors.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]