

# Insurance Layoff Policy Notification

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We regret to inform you that due to [reason for layoff, e.g., economic conditions, restructuring], your position at [Company Name] will be laid off effective [last working day, e.g., MM/DD/YYYY].

This decision was difficult, and we understand the impact it may have on you and your family. In accordance with our company policy and applicable laws, you will receive the following as part of your layoff package:

- Insurance benefits continuation for [duration, e.g., 60 days]
- Severance pay of [details, e.g., amount] or [number of weeks based on tenure]
- Assistance with job placement services
- [Any additional benefits]

We encourage you to reach out to [HR contact information] if you have any questions regarding your benefits and the layoff process. We appreciate your contributions to the company and wish you the best in your future endeavors.

Sincerely,

[Your Name]

[Your Position]

[Company Name]