

# Important Information Regarding Insurance Layoff Policy

Dear [Employee Name],

As part of our commitment to support you during this transition, we want to ensure that you have access to important resources regarding our insurance layoff policy.

## Insurance Coverage Information

Please review the following details on your options for insurance coverage during this layoff period:

- **COBRA Coverage:** You may be eligible for COBRA continuation coverage. Please find the enrollment forms attached.
- **Health Benefits:** Coverage remains in place until [specific date]. Further details are enclosed.
- **Support Services:** Access counseling and career transition services through our EAP program.

## Contact Information

If you have any questions or need assistance, please reach out to our HR department:

Email: [hr@example.com](mailto:hr@example.com)

Phone: [HR Phone Number]

Thank you for your hard work and dedication. We are here to support you.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]