

# Communication of Potential Interruption of Healthcare Coverage

[Date]

[Employee Name]

[Street Address]

[City, State, Zip Code]

## **Re: Potential Termination of Healthcare Coverage**

Dear [Employee Name]:

You were notified at the beginning of your current period of absence taken under the Family and Medical Leave Act (FMLA) that both the FMLA and the company's implementing policy require you to continue to make the same premium payments that ordinarily apply to your health insurance coverage while working, in order to maintain healthcare insurance coverage throughout your leave period.

This letter is to notify you that more than 30 days have passed since your premium was due to be received in order to maintain coverage for the month of [month and year].

This letter is intended to advise you that unless such payment is promptly remitted by [date] to the address previously identified, your coverage will cease 15 calendar days from the date of this letter, or [month, day, and year].

Please be advised that unless your failure to remit premiums relates to circumstances beyond your control (as defined by the U.S. Department of Labor, including the continuation, recurrence, or onset of your serious health condition or that of your covered family member), you may remain responsible for the sums advanced by the company to maintain coverage during your statutory leave. Please note, however, that even if your healthcare coverage is suspended during your period of leave, you will be restored to full coverage upon the conclusion of your leave and your return to work.

If you have any questions regarding healthcare benefits or other issues surrounding your leave, please contact the Human Resources Department.

Sincerely,

Director of Human Resources

Copy: Employee confidential medical file