[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

**Re: Continuation of Benefits Coverage**

We at [Organization Name] have been keeping you in our thoughts during your leave of absence and look forward to your return.

This letter addresses an essential aspect of your employee benefits. While you've been on sick leave, your benefits have continued; however, your portion of the premiums remains unpaid. To maintain your benefits during this leave, it is crucial that you cover your share of the premium costs.

This requirement aligns with our company policy regarding benefits during leaves of absence.

We formally request that you submit payment for your benefit coverage starting [insert timeframe]. The required premium amount is [insert amount]. Please be advised that failure to settle this premium by [insert due date] may result in the cancellation of your benefit coverage. Contact [insert contact person] at [insert contact details]to arrange your benefit payments.

We appreciate your contributions and are dedicated to supporting you through this period until you're back with us. Should you need clarification or have any questions, don't hesitate to reach out to [insert contact person] at [insert contact details].

Thank you for addressing this matter promptly. We wish you the best during your leave and look forward to your return.

Warm regards,

[Your Name]

[Your Title]

[Organization Name]

[Direct Contact Information]

[Office Contact Information]

[Email Address]