

[Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Notice of Workers' Compensation Coverage Continuation

Dear [Employee Name],

This letter is to formally notify you regarding the status of your Workers' Compensation coverage during your upcoming [Leave Type, e.g., Family Medical Leave / Disability Leave], effective [Start Date].

Please be advised that your Workers' Compensation insurance coverage will remain in effect and continue without interruption during your period of absence. [Company Name] will continue to maintain this policy on your behalf to ensure you remain protected in accordance with state laws and company policy.

Coverage Details:

- **Carrier:** [Insurance Provider Name]
- **Policy Number:** [Policy Number]
- **Effective Period:** [Coverage Dates]

If there are any changes to your employment status or if you have questions regarding the specific terms of your coverage during your leave, please contact the Human Resources Department at [Phone Number] or [Email Address].

Please acknowledge receipt of this notice by signing and returning a copy to the HR department.

Sincerely,

[Name]
[Title]
[Company Name]

Employee Acknowledgment:

I acknowledge that I have received this notice regarding the continuation of my Workers' Compensation coverage.

Signature: _____ Date: _____