

TERMINATION OF BENEFITS LETTER

Employer Name: _____

Employer Address: _____

Employee Name: _____

Employee Address: _____

Dear Sir or Madam,

This letter serves as formal notification that your benefits as an employee of the above-named employer are hereby terminated effective immediately. This termination is made in accordance with the applicable policies, agreements, and United States federal and state laws.

1. Termination Details:

Your participation in all employee benefit plans, including but not limited to health insurance, retirement plans, and any other fringe benefits, will cease as of the effective date of termination. Please review your plan documents for details regarding the termination of each specific benefit.

2. COBRA and Continuation Coverage Rights:

In accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA), you may have the right to continue your group health coverage for a limited period under certain conditions. Information regarding your COBRA rights, including election procedures and deadlines, will be provided separately.

3. Final Compensation and Benefits:

You will receive all earned but unpaid wages and accrued benefits up to the effective date of termination, subject to applicable deductions and withholdings. Any unused paid time off or vacation will be paid out in accordance with company policy and state law.

4. Return of Company Property:

Please ensure the return of all company property, including but not limited to keys, identification badges, equipment, and confidential information in your possession, no later than the last day of your employment.

5. Confidentiality and Non-Disclosure:

You remain bound by any confidentiality, non-disclosure, and non-compete agreements entered into during your employment. Unauthorized use or disclosure of company confidential information is strictly prohibited and may result in legal action.

6. Release of Claims:

This termination does not waive any rights or claims you may have under applicable federal or state laws. Both parties reserve all rights except as otherwise agreed in writing.

7. Governing Law and Jurisdiction:

This letter and the termination of benefits shall be governed by and construed in accordance with the laws of the United States of America and the applicable state law governing the employment relationship. Any disputes arising hereunder shall be subject to the exclusive jurisdiction of the appropriate courts.

8. Contact Information:

For questions regarding this termination or to discuss benefits, please contact the Human Resources Department at the employer's address or phone number provided above.

Sincerely,

Authorized Employer Representative

Employee Acknowledgment

Signature: _____

Signature: _____

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