Date

Employee’s Name

Address

City, State Zip

Dear Employee’s Name:

RE: Insurance Arrears Owed

Our records indicate that you were in an unpaid leave status from XX/XX/20XX - XX/XX/20XX. Due to this, we were unable to collect your full insurance premiums from your regular payroll.

Your current balances owed are:

Health coverage: $XXX.XX

Dental coverage: $XXX.XX

Supplemental Life coverage: $XX.XX

**Total: $XXX.XX**

**Make a check or money out to Employee’s Department and send to:**

**Name of HRA**

**State of Iowa**

**Street Address**

**City, State, Zip**

If you have any questions, please let me know.

Sincerely,

Name of HRA,

Human Resources Associate

cc: