[DATE]

[EMPLOYEE NAME]

[STREET ADDRESS]

[CITY, STATE ZIP]

RE: Group Insurance Termination due to Nonpayment of Premiums

Dear [EMPLOYEE NAME]:

The current status of your leave of absence request is (**FMLA pending-eligible/FMLA approved).**

The current status of your leave is non FMLA covered. You have requested and have been granted medical leave by the Department.

This letter is to inform you that the State of Iowa has not received insurance premium payments as agreed upon during your leave of absence. Your payment is past due, and in accordance with FMLA Regulation 825.212, full payment of past due premiums totaling $xxxx.xx must be received no later than (xx/xx/xx – insert date at least 15 days after this letter) to avoid retroactive termination of your insurance benefits.

If we do not receive the full payment by xx/xx/xxxx, your benefits will be terminated with an effective date of xx/xx/xxxx and you will be responsible for claims paid up to that date. If you have any questions regarding this matter, please contact [HRA Name].

Separate checks for each benefit and month should be made payable to **Treasurer, State of Iowa**. In the memo line, please designate what the check is for. *Example: “November Health Insurance,” “November Dental Insurance,” etc.*

**Your payments should be mailed to:**

[AGENCY NAME]

[STREET ADDRESS]

[CITY, STATE ZIP]

Sincerely,

[SIGNATURE]

[NAME AND POSITION TITLE]

[CONTACT INFORMATION]

cc: personnel file/correspondence

Internal note – please delete from letter before sending (HR contact - add to the tracking excel spreadsheet)