**Notice of Health Insurance Termination due to Nonpayment of Premium During FMLA Leave**

Date:

Dear [Employee name]:

This letter is to inform you that [Company name] has not received health insurance premium payments as agreed upon during your FMLA absence. Your payment is past due, and in accordance with FMLA Regulation 825.212, full payment of past due premiums totaling [insert amount] must be received no later than [insert date at least 15 days after date of this letter] to avoid termination of your group health insurance benefits.

If we do not receive the full payment by [insert date], your benefits will be terminated on [insert date]. If you have any questions regarding this matter, please contact [insert name and contact number].

Best Regards,

[HR employee name]
[Job title]
[Company name]