

# FMLA: Letter for Repayment of Health Care Premiums

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Dear [Employee Name],

This letter is regarding the repayment of health care insurance premiums during your leave of absence from [Company Name] from [Start Date] to [End Date]. We continued your insurance coverage and paid premiums amounting to \$[Amount] based on your assurance that you would return to work after your leave. However, as you have informed us that you will not be returning to your position, we request reimbursement for the health care premium costs incurred during your leave of absence to maintain the coverage.

You have two options for repayment. You may pay the required amount in one lump sum payment within 10 days of the date of this letter. Alternatively, you may pay in three equal installments of \$[Amount] over a 60-day period, with the first payment due within 7 days of the date of this letter.

Please inform us of your decision within 14 days of the date of this letter. Failure to do so will result in us initiating proceedings to compel you to repay the debt owed to the company.

Please note that repayment letters are only applicable to employees who do not return to work following FMLA leaves in circumstances permitted under 29 CFR 212(b) and 29 CFR 825.213.

The amount shown in this letter is the total cost of coverage, net of received employee contributions, incurred by the company during your period of FMLA absence.

Sincerely,

[Your Name]

# **Sample Letter To Request An Fmla Second Opinion**

**Terry C. Jones**



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