

I regret to inform you that your employment with _____ will be terminated as of _____ because of the COVID-19 pandemic and resulting Centers for Disease Control recommendations for social distancing and the American Dental Association suggestions that all elective and non-emergency procedures be postponed. Except as set forth in this letter, the Effective Date will be your employment termination date for all purposes, meaning you will no longer be entitled to any further compensation, monies or other benefits from the company, including coverage under any employer sponsored benefits plans or programs. At this time, we are unable to confirm that any positions will be available at a later time.

Your final paycheck, including your full pay, subject to all withholdings and deductions as required by law, through the Effective Date will be paid on _____.

If you timely and properly elect COBRA continuation coverage under employer's health plan, you shall only be required to pay active employee rates, as in effect from time to time, for _____ months. At the conclusion of this period, you shall be eligible to continue your coverage, pursuant to COBRA, and shall be responsible for the entire COBRA premium for the remainder of the applicable COBRA continuation period.

By the Effective Date, you must return all company property, including identification cards or badges, access codes or devices, keys laptops, computers, telephones, mobile phones, hand-held electronic devices, credit cards, electronically stored documents or files, physical files and any other company property and information in your possession.

If you have any questions about this letter, please contact me. Please acknowledge below your receipt of this letter, a copy of which will be provided for you.

Sincerely,