[DATE]

Contact Name

Address

Address2

City

State/Province

Zip/Postal Code

**RE: OFFER OF ASSISTANCE**

Dear [CONTACT NAME],

Everybody here at [NAME OF FIRM] was saddened to hear of [NAME OF EMPLOYEE]'s sudden illness.

While a substantial amount of the medical costs will be covered by the company Medical Aid Scheme, you may have a need for some additional financial assistance to see you through this difficult time.

Please, do not hesitate to contact us if you need our assistance in this regard. We consider [NAME OF EMPLOYEE] to be one of our most valuable employees and a fine individual, and would be most appreciative if you will let [HIM/HER] know that we are all thinking of [HIM/HER].

Kind regards,

[YOUR NAME]

[YOUR TITLE]

[YOUR PHONE NUMBER]

[YOUREMAIL@YOURCOMPANY.COM]