

[Your Company's Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, ZIP Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name/To Whom It May Concern],

This letter is to verify the employment of [Employee's Full Name], who has been employed with [Your Company's Name] since [Employee's Start Date]. [He/She/They] is currently holding the position of [Employee's Job Title] and works [Full-Time/Part-Time] with a current salary of [Employee's Salary, if needed].

[Employee's Full Name] has demonstrated [positive attributes or responsibilities, if desired].

If you have any further questions or require additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Job Title]

[Your Company's Name]

[Your Company's Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]