

[Your Company Letterhead]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Proof of Employment

To Whom It May Concern,

This letter is to confirm that [Employee's Full Name] is employed with [Company Name] as a [Job Title] since [Start Date]. [He/She/They] is currently working [full-time/part-time] and earns an annual salary of [Salary Amount] / hourly wage of [Hourly Rate].

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

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]