

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Subject: Appeal for Employment Insurance Benefits

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my Employment Insurance (EI) benefits application dated [insert date of application]. My application was denied on [insert date of denial], and I believe that this decision was made in error due to the following reasons:

1. ****[Reason 1: Briefly explain the first reason for your appeal]****
- [Provide supporting details or evidence]
2. ****[Reason 2: Briefly explain the second reason for your appeal]****
- [Provide supporting details or evidence]
3. ****[Optional: Reason 3: Briefly explain any additional reason]****
- [Provide supporting details or evidence]

I have attached copies of [mention any documents you are including, such as pay stubs, termination letter, etc.] to support my appeal.

I appreciate your attention to this matter and look forward to your prompt response regarding my appeal. Thank you for considering my request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]