

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

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

Subject: Employment Insurance Benefits Claim

Dear [Recipient's Name],

I am writing to formally submit my claim for Employment Insurance (EI) benefits. My employment details are as follows:

- **Full Name:** [Your Full Name]
- **Social Insurance Number:** [Your SIN]
- **Last Employer's Name:** [Employer's Name]
- **Last Date of Work:** [Last Date]

I have experienced [briefly explain your reason for the claim: job loss, maternity leave, etc.], which has resulted in my loss of income. I have attached all necessary documents, including my Record of Employment (ROE) and identification.

Please let me know if you require any further information or documentation to support my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]