

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

[Recipient Name]
[Recipient Title]
[Department/Agency Name]
[Address]
[City, State, Zip Code]

Subject: EI Benefits Determination Letter

Dear [Recipient Name],

This letter serves to inform you of the decision regarding your application for Employment Insurance (EI) benefits submitted on [application date].

After reviewing your application, along with supporting documents, we have reached the following determination:

****Eligibility Status:**** [Approved/Denied]

****Reason for Decision:**** [Briefly explain the reason for approval/denial]

****Benefit Amount:**** [Specify amount]

****Duration of Benefits:**** [Specify duration]

****Effective Date:**** [Start date of benefits]

If you disagree with this decision, you have the right to appeal. Please refer to the enclosed instructions on how to file an appeal within [number of days] days of this letter's date.

For further inquiries, or if you need assistance, please contact our office at [office phone number] or visit [office website].

Sincerely,

[Your Name]
[Your Title]
[Department/Agency Name]
[Contact Information]

Enclosure: [List of attached documents, if any]