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

[Health Insurance Provider Name]
[Insurance Provider Address]
[City, State, Zip Code]

RE: Employment Verification for [Employee Full Name]

To Whom It May Concern,

This letter is to formally verify the employment of [Employee Full Name] with [Company Name].

Employee Details:

- **Full Name:** [Employee Full Name]
- **Social Security Number (Last 4 digits):** [XXX-XX-0000]
- **Employment Status:** [Full-time / Part-time]
- **Job Title:** [Job Title]
- **Hire Date:** [Start Date]

As of [Date], [Employee Full Name] is currently active and in good standing with the company. They are eligible for the company-sponsored health insurance plan effective [Eligibility Date].

If you require any further information or have additional questions regarding this employee's status, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Company Name]