[Company Letterhead or Logo]

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

RE: Proof of Employment for [Employee Full Name]

To Whom It May Concern,

This letter is to formally verify the employment of [Employee Full Name] with [Company Name]. This information is provided for the purpose of determining eligibility for insurance coverage.

Employment Details:

- **Employment Status:** [Active / Full-Time / Part-Time]
- **Job Title:** [Job Title]
- **Hire Date:** [Date of Hire]
- **Current Salary/Wages:** [Amount, if required]

We confirm that [Employee Full Name] is currently an employee in good standing and meets the internal requirements for company-sponsored benefits, if applicable.

If you require any further documentation or information to process the insurance application, please feel free to contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

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