[Company Letterhead]

[Date]

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

RE: Employment Verification for [Employee Full Name]

To Whom It May Concern,

Please accept this letter as formal verification of employment for [Employee Full Name].

Employment Status: [Active / Terminated]
Current Job Title: [Job Title]
Employment Start Date: [MM/DD/YYYY]
Employment Type: [Full-Time / Part-Time / Contract]

Current Annual Salary: $[Amount]
Bonus/Commission Eligibility: [Yes/No]

This information is provided at the request of the employee for the purpose of a life insurance application. If you require any additional information, please contact the Human Resources department at [Phone Number] or [Email Address].

Sincerely,

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