[Company Letterhead]

[Date]

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

Subject: 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 Name: [Employee Full Name]
Current Position: [Job Title]
Employment Start Date: [Start Date]
Employment Status: Full-Time

As a full-time employee, [Employee Name] works an average of [Number] hours per week and is eligible for company-sponsored medical insurance benefits.

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

Sincerely,

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