[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,

This letter is to formally verify the continued employment of [Employee Full Name] with [Company Name] for the purpose of insurance policy renewal.

[Employee Full Name] has been employed with us since [Start Date] and currently holds the position of [Job Title]. Their current employment status is [Full-time / Part-time].

If you require any further information or have additional questions regarding their employment status, please feel free to contact our Human Resources department at [Phone Number] or [Email Address].

Sincerely,

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