[Date]
[Insurance Company Name]
[Underwriting Department Address]
[City, State, Zip Code]

RE: Employment Verification for [Employee Name]
Policy/Application Number: [Number, if applicable]

To the Underwriting Department,

This letter is to formally verify the employment status of [Employee Name] with [Company Name] for the purpose of insurance underwriting. [Employee Name] has been employed with us since [Start Date].

Currently, the employee holds the position of [Job Title]. Their status is classified as part-time. The employee is regularly scheduled to work [Number] hours per week. Their current gross annual earnings are $[Amount].

Please feel free to contact the undersigned at [Phone Number] or [Email Address] should you require any further documentation or clarification regarding this employee's status.

Sincerely,

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