

Employment Insurance Account Deactivation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Employment Insurance Division

[Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear Sir/Madam,

I am writing to request the deactivation of my Employment Insurance account. My account number is [Your Account Number]. Due to [reason for deactivation, e.g., change in circumstances], I no longer require employment insurance services.

Please confirm the deactivation of my account and any further actions I need to take. Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]