

Employment Insurance Benefits Withdrawal Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally request the withdrawal of my Employment Insurance (EI) benefits. My details are as follows:

Full Name: [Your Full Name]

Social Insurance Number (SIN): [Your SIN]

Claim Number: [Your Claim Number]

Due to [brief explanation of reason for withdrawal, e.g., finding employment, personal reasons], I would like to terminate my benefits effective immediately.

Please let me know if you require any additional information or documentation to process this request.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]