

# Employment Insurance Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Employment Insurance Office Name]

[Office Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the cancellation of my Employment Insurance benefits, effective immediately. My claim number is [Claim Number].

Due to [brief explanation of reasons for cancellation, e.g., new employment, personal reasons], I no longer require these benefits.

Please confirm the cancellation of my claim at your earliest convenience. If you need any additional information or documentation, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Name]