

Employment Insurance Claim Notification

Date: [Insert Date]

To: [Claimant's Name]

Address: [Claimant's Address]

Dear [Claimant's Name],

We are writing to inform you that your Employment Insurance (EI) claim (Claim Number: [Insert Claim Number]) will be ending on [Insert End Date].

As of this date, you will no longer be eligible for EI benefits. We encourage you to explore other support options if needed, such as local employment services or social assistance programs.

If you have any questions or require further assistance, please do not hesitate to contact our office at [Insert Contact Information].

Thank you for your attention to this matter. We wish you the best in your future endeavors.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]