

Employment Insurance Closure Notification

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you that your Employment Insurance (EI) claim will be closing effective [Insert Closure Date]. This decision has been made based on your current employment status and the information provided in your recent correspondence.

Please be advised that you are no longer eligible for Employment Insurance benefits as of the above date. If you believe this decision to be in error, or if you have further questions regarding your claim, please contact our office at [Insert Contact Information].

We appreciate your understanding and hope that you find success in your future employment endeavors.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company/Organization]

[Contact Information]