

# Employment Insurance Discontinuation Notice

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]

[Recipient Name]  
[Recipient Title]  
[Recipient Organization]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient Name],

We are writing to inform you that your employment insurance benefits will be discontinued effective [Insert Date]. This decision is based on [briefly state reason, e.g., failure to meet eligibility criteria, end of benefits period, etc.].

Please note that you have the right to appeal this decision. If you wish to appeal, you must submit your appeal in writing within [Insert Time Frame].

We recommend reviewing your current situation and contacting us if you have any questions or need assistance regarding this matter.

Thank you for your attention to this important matter.

Sincerely,  
[Your Name]  
[Your Title]  
[Your Organization]