

Notice of Employment Insurance Eligibility Termination

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We regret to inform you that your eligibility for Employment Insurance benefits has been terminated effective [Insert Termination Date]. This decision is based on [reason for termination, e.g., failure to meet reporting requirements, disqualification due to new employment, etc.].

Please ensure that you cease any claims that may be pending and return any funds allocated to you after this date. If you believe this decision has been made in error, you have the right to appeal by [insert instructions for the appeal process].

Thank you for your prompt attention to this matter. Should you have any questions or require further assistance, please do not hesitate to contact our office at [Insert Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Your Company/Organization]

[Company Address]

[City, State, Zip Code]