

Employment Insurance Service Termination Notification

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Termination of Employment Insurance Services

Dear [Recipient Name],

I am writing to formally notify you that the employment insurance service currently provided to me will be terminated as of [Termination Date]. This decision is due to [brief explanation of reason for termination, e.g., finding new employment, changes in eligibility, etc.].

Please let me know if there are any final steps or paperwork I need to complete in relation to this termination. I appreciate the assistance and support provided during my time under this service.

Thank you for your understanding.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]