

Employment Insurance Stop Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To:

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Employment Insurance Stop Notice

Dear [Recipient Name],

This letter serves as notice that your Employment Insurance benefits will be stopped effective [Insert Stop Date]. This decision has been made due to [insert reason for stop, e.g., failure to comply with reporting requirements, return to work, etc.].

If you believe this decision is incorrect, you have the right to request a review within [insert timeframe for review]. Please include any relevant information or documentation to support your case.

For questions, you may contact us at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Organization]