

Eligibility Verification for Employer-Sponsored Insurance

Date: [Insert Date]

[Employer's Name]

[Employer's Address]

[City, State, ZIP Code]

To Whom It May Concern,

This letter is to verify the eligibility of [Employee's Full Name], who is currently employed at [Company Name] in the position of [Employee's Job Title]. [He/She/They] has been an employee since [Employment Start Date].

As an eligible employee, [Employee's First Name] qualifies for employer-sponsored insurance benefits as outlined in our company's health insurance policy. The benefits include [briefly list types of coverage, e.g., medical, dental, vision].

If you need further information or documentation regarding [Employee's First Name]'s eligibility or the insurance options available, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Phone Number]

[Company Email Address]