

# Verification of Group Insurance Participation

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Company/Organization]

[Recipient's Address]

Dear [Recipient's Name],

This letter is to verify the participation of [Employee's Name] in the group insurance plan provided by [Company/Organization Name].

Details of the participation are as follows:

- Policy Number: [Policy Number]
- Type of Insurance: [Type of Insurance]
- Effective Date: [Effective Date]
- Coverage Amount: [Coverage Amount]

Please feel free to contact us at [Your Phone Number] or [Your Email Address] if you need any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization]

[Your Address]